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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MA STUDIO INC.
DOCUMENT NUMBER: YVVOOOLO 803
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Anthony
M. A. Studio Inc
3153 South 900 West
San Pierre IN 46374
Michaela Michaelauthonystudio.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (574) 275-2200 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles o	of Amendment	SECRE IFILED
A which a of	to Incorporation	UF CORDS STATE
Articles of	of	13 JIN A. WATTON
MA Studio Inc.		13 JUN 21 PM 2: 20
(Name of Corporation as currently filed with th	ne Florida Dept. of State)	
112222212 523	, ,	
<u> </u>	······································	
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corporat</i> i	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>	
		The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional co	corporated" or the abbreviation rporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	31535 San Pre	outh 900 West erre, In 46374
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box	122 se, In 46348
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		e name of the
Name of New Registered Agent UICH De	LUNONTUA 1	
30130 RA	WEY DOAD	
New Registered Office Address: SOZZEN	TO	orida 32776 (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: iar with and accept the oblig	ations of the position.
Signature of New Register	ed Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	e, and bully billin	, or as un Aua.	
X Change	PT John D	<u>Ooe</u>	
X Remove	V Mike J	<u>Iones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P.5	Michael Anthony	3153 South 900West Son Pierre, IV 463
Add		1	Son Pierre, 1096
Remove			1
2) Change	PD	ESTELLA FRANSBET	_
Add			204 E CUFFORD
Remove			EUSTIS FL 32726
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an exch	nge, reclassification, or cance	ellation of issued shares.
provisions for implementing the amer	dment if not contained in the	amendment itself:
(if not applicable, indicate N/A)	din	1
ALL Shaves of	SOCK Were	. Transfever I
AU Shaves of Michael Author	1 outhis 6-	15-2013
	,	
	/	
		,

The date of each amendment(s) adoption: $6 - 6 - 000$
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 6-19-2013
Signature Muhael Arthous
(By a director, president or other officer—If directors or officers have not been selected, by an incorporator—if in the hards of a receiver, trustee, or other court
appointed fiduciary by that fiduciary) Mchael Anthoug
(Typed or printed name of person signing)
President
(Title of person signing)