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C. GOLDEN

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Eye for Interiors,	Inc.		
DOCUMENT NUMBER: P12000064022			
The enclosed Articles of Amendment and fee are st	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:	•	
Mark I Ingber CPA		Ì	
Mark I Ingber CPA PA	Name of Contact Person	i	
	Firm/ Company		
5550 Glades Road Suite 500	• •	1	
	Address		
Boca Raton, FL 33431-7277	7 		
	City/ State and Zip Code	!	
mark@miicpa.com		•	
E-mail address: (to be u	ised for future annual report	notification) ;	
For further information concerning this matter, plea	ise call:	•	
Mark i Ingber	954 at (510-0109	
Name of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee \$Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

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Eye for Interiors, Inc.			T# 1
(Name of Corporation	as currently filed	i with the Florida Dept. of S	State), LUANASSER, FLOPIO
P12000064022			3
(Document	t Number of Corp	oration (if known)	-
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this <i>Florid</i>	la Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:		
Christine M. Smith, P.A.			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co".	A professional corporation	l" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		r Florida, enter the name of	the
Name of New Registered Agent			<u>.</u> .
	(Florida street ad	dress)	
New Registered Office Address:		, Flor	
	(City)		(Lip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: ım familiar with a	nd accept the obligations of t	he position.
Signatu	ure of New Registe	ered 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: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change		_			
Add					
Remove					<u> </u>
2) Change					ı
Add					
Remove					
3) Change					l
Add					Ī
Remove			•		
Kenkve			•		
4) Change		_			-
Add					.
Remove				<u></u>	<u> </u>
5. Ol					
5) Change		_	·		
Add					<u> </u>
Remove				.	<u>. </u>
6) Change		_			
Add				· 	1
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	1
Business Purpose is revised to now state Offices of Real Estate Agent.	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records.
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.
07/19/2017
Signature Mch L. Man Math
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Mark I. Ingber
(Typed or printed name of person signing)
Incorporator
(Title of person signing)