P15000005TM

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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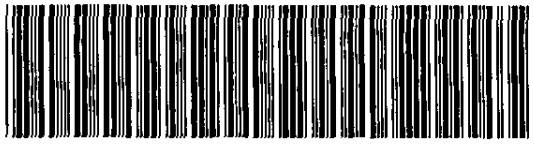

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amarena Inc
Name of Corporation

DOCUMENT NUMBER: P15000005779

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Mays
Name of Contact Person

Michelle Mays CPA LLC
Firm/Company

PO Box 158
Address

Lloyd, Florida 32337
City/State and Zip Code

mmays@mayscpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Mays at (850) 997-6297
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

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

CR2E045 (03/12)

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Amarena Inc

2. The principal office address: 1030 Oviedo Mall Blvd., Box #7
Oviedo, Florida 32765

3. The mailing address (if different): c/o Michelle Mays CPA LLC
PO Box 158, Lloyd, Florida 32337 mmays@mayscpa.com

4. Date of incorporation/qualification: 01/16/2015 Document number: P15000005779

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Smallbiz Agents LLC
75 N Woodward Ave., #1000
Tallahassee, Florida 32313

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michelle Mays CPA LLC
195 Taylor Road, Monticello, Florida 32344
P.O. Box NOT acceptable
mmays@mayscpa.com

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Marcello Quieti — Signature of an officer or director

Marcello Quieti, Director — Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michelle B Mays — Signature of Registered Agent

Jan 6, 2016 — Date

If signing on behalf of an entity:

Michelle B. Mays
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE