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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Eye Dr	ope inc
DOCUMENT NUMBER: P1600	· ·
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
- Ronald 1	Me Cuy Name of Contact Person
Eyetope	Name of Contact Person Firm/ Company
	eatler Rd. Address
Tallahas	See FL 32305 City/ State and Zip Code
E-mail address: (to be us	eyedope. Com sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Ronald McCoy	at (407) 314 - 4928 Area Code & Daytime Telephone Number
	·
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee Scrifficate of Status	□S43.75 Filing Fee & □S52.50 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	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of
Eye Dope, Incorporated (Name of Corporation as currently filed with the Florida Dept. of
 (Name of Corporation as currently filed with the Florida Dept. of

· · · · · · · · · · · · · · · · · · ·	- remy med with the Florida Dept. of State)
P1600000717	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevio	oration," "company," or "incorporated" or the abbreviation" or "Co". A professional corporation name must contain the ution "P.A."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	101 N T
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	平。是 它
. Enter new mailing address, if applicable:	0,
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
). If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
W. CH. B. C. L.	
Name of New Registered Agent	
(Flor	rida strect address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Cypics State Co.	
ew Registered Agent's Signature, if changing Registered	Agent:
hereby accept the appointment as registered agent. I am fan	tiliar with and accept the obligations of the position.
Signatura of	New Registered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
i) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change	_			
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				-

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Or motion duly made and seconded, it was
Unarimously:
nesolved, that the corporation authorize an additional
100,000 shares of common stock.
<u> </u>
Control of the Contro
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/Λ)

The date of each amendment(s) adoption:	9-26-17	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does in document's effective date on the Department of	not meet the applicable statutory filing requirements, the State's records.	his date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amenda approval.	nent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The following st g group entitled to vote separately on the amendment(s)	atement):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
(vo	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and share	cholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and sharehold	ler
Dated 9-26-1 Signature AMAGE	mot,	
sylected, by an inc	sident of other officer – if directors or officers have not orporator – if in the hands of a receiver, trustee, or othe y by that fiduciary)	
Ro	(Typed or printed name of person signing)	
Pre	esident	
	(Title of person signing)	