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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SAVVY DEALS	INC		
DOCUMENT NUMB	P19000030626	<u></u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
J	ED KOTLER			
-		Name of Contact Person	n	
•	TAX ZONE INC			
-		Firm√ Company		
1	8865 COMMODITY CIRCL	E STE 4		
-		Address	· ·	
(ORLANDO FL 32819			
-		City/ State and Zip Cod	e	
ACCO	OUNTANT@TAXZONEFL.	СОМ		
	_	sed for future annual report	notification)	
For further information ED KOTLER	concerning this matter, pleas	se call: at (8883131	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made		•	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

SAVVY DEALS INC (Name of Corporation as currently filed with the Florida Dept. of State) P19000030626 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: TALLAHASSLE PLURES A. If amending name, enter the new name of the corporation: AGINGWELL LIFESTYLE INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 10582 JANE EYRE DR B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ORLANDO FL 32825 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

Example:

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.

X Change	<u>PT</u>	John Doc			
X Remove	$\underline{\mathbf{Y}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5)Change		_			
Add					
Remove					
δ) Change					
Add		_			
Remove					

	dding additional Arti sheets, if necessary).					
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provisions for in	t provides for an exch mplementing the ame wable, indicate N/A)	nange, reclassifica adment if not con	ation, or cancelly ntained in the an	tion of issued sha nendment itself:	ares,	
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
04-17-2019		
Dated		
Signature	3id Ami	
	rector, 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	
appoint	ed fiduciary by that tiduciary)	
	Sid Manni	
•	(Typed or printed name of person signing)	
	SID MANNI	
	(Title of person signing)	