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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BLESS YOUR SOLES, INC.					
DOCUMENT NUMBER:	0.4.4.4					
The enclosed Articles of Amendment and						
Please return all correspondence concerni	ing this matter to the following:					
— PA	Name of Contact Person					
	Professional Accounting Associates, Inc. 1214 West Bearss Avenue Tampa, Florida 33613					
City/ State and Zip Code PROFACC 1220 Q GMATL. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this m	atter, please call: at (813) 964-1111					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:					
\$35 Filing Fee \$43.75 Filin Certificate o	•					
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Articles of Amendment to Articles of Incorporation of

to

BLESS YOU	IL SOLES, THC. 7:5
	ntly filed with the Florida Dept. of State)
P 210	00060676
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
N	1A The new
name must be distinguishable and contain the word "corporation," "Inc" or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NO CHANGE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
(Florida s	treet address)
New Registered Office Address:	Elovido
New Registered Office Address.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
N	Registered Agent, if changing
Signature of New	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (e), F.S.

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>P.1.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_D_	YONIQUE WALLER	1331 FORT COBB DRIVE WESLEY CHAPEL, FLODZOA
Add			WESLEY CHAPEL, FLORZOA
Remove			33543
2) Change			
Add			
Remove 3) Change			
Add			
Remove			•••
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if	necessary). (Be	specific)			
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an amendment provides rovisions for implementi (if not applicable, indic	ng the amendmen	reclassification t if not contain	, or cancellation red in the amend	of issued shares, Iment itself:	
		. ^			
		NA			
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The date of each amendment(s) adoption: date this document was signed.	Jun	1 23	2021	, if other than the
Effective date if applicable:	July 23 to more than 90 days a	2021		<u> </u>
· (n	io more than 90 days a	îter amendm	ent file date)	
Note: If the date inserted in this block does not r document's effective date on the Department of Sta	neet the applicable states records.	utory filing	requirements, this	date will not be listed as the
Adoption of Amendment(s) (CHEC	EK ONE)			
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators, or board of	directors wit	hout shareholder ac	tion and shareholder
The amendment(s) was/were adopted by the shaby the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximately the shareholders was/were sufficient for approximately the shareholders was/were adopted by the shareholders was/were sufficient for approximately the shareholders was/were adopted by the shareholders was/were sufficient for approximately the shareholders was a shareholder for a shareholder	reholders. The number	of votes cas	t for the amendmen	u(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro	areholders through voti up entitled to vote sepa	ng groups. trately on the	The following states amendment(s):	ment
"The number of votes cast for the amendm	ent(s) was/were suffici	ent for appro	oval	
by			,,	
(voting	group)		<u> </u>	
Dated July 26				
Signature V Wall	S /			
(By a director, presiden selected, by an incorpor appointed fiduciary by	t or other officer – if di rator – if in the hands o			
/ You (Typ	ITQUE W	ALLTO erson signin	<u>S</u>	- <u></u> -
	DIRECTO	SR.		

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