P22000038727

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FEB 10 S. PRATHE!

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: _ | coastal clear Eyecare corp. | | | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| DOCUMENT NUMBER: P22000038727 | | | | | |
| The enclosed Articles of Amendm | ent and fee are submitted for filing. | | | | |
| Please return all correspondence c | oncerning this matter to the following: | | | | |
| 0 1 | mandy Danathaids | | | | |
| Romandu Demetrios Name of Contact Person | | | | | |
| | | | | | |
| | Coastal Cleur Eyecare Firm/Company | | | | |
| 13 | 3 Rum Runner Way | | | | |
| | Address | | | | |
| | aint Johns, Fl. 32259 | | | | |
| | City/ State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| E-mail | address: (to be used for future annual report notification) | | | | |
| Ear further information concerning | this matter places call | | | | |
| For further information concerning | this matter, prease can. | | | | |
| Romanda Demetri OS at (404) 932-2802 Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Name of Contact P | rson Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the follow | ng amount made payable to the Florida Department of State: | | | | |
| - | 75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Addres | | | | | |
| Amendment Sec Division of Cor | | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | | |
| Tallahassee, Fl. | 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |

Articles of Amendment to Articles of Incorporation

COQS + a | Clear Eye (are Corp.

(Name of Corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

| 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 professional corporation name must contain the we |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | 155 Fountains way |
| | Saint Johns, Fl 32250 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| . If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr Name of New Registered Agent | |
| new registered agent and/or the new registered office addr Name of New Registered Agent | ess: |
| Name of New Registered Agent (Florida | street address) |
| new registered agent and/or the new registered office addr Name of New Registered Agent | ess: |
| Name of New Registered Agent (Florida | street address) . Florida |
| Name of New Registered Agent (Florida New Registered Office Address: | street address), Florida (City) (Zip Code) |
| new registered agent and/or the new registered office addr Name of New Registered Agent (Florida New Registered Office Address: Tew Registered Agent's Signature, if changing Registered Agent | street address), Florida (City) (Zip Code) |
| new registered agent and/or the new registered office addr Name of New Registered Agent (Florida New Registered Office Address: Tew Registered Agent's Signature, if changing Registered Agent | street address), Florida (City) (Zip Code) |
| Name of New Registered Agent (Florida New Registered Office Address: Sew Registered Agent's Signature, if changing Registered Agentereby accept the appointment as registered agent. I am familia | street address), Florida (City) (Zip Code) |

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 <math>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> <u>John</u> | n Doe | |
|-------------------------------|------------------------|-------------------|------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | CEO | Meena Demetrios | 133 Rum RunnerWay |
| Add Remove | | | saint Johns, Fl 3225 |
| 2) Change | <u>veo</u> | Romanda Demetrios | 133 Rum Runner way |
| <u></u> ★ Add | as C | Mone o o weed to | saint Johns, Fl 32250 |
| 3) Remove Change | se <u>S</u> | Meena Demetrios | 133 Rum Runnerway |
| Remove | | | Saint John s, Pl 32259 |
| 4) Change | | | |
| Add Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach addition | adding additional Ainal sheets, if necessary) |). (Be specific) | | | |
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| If an amendme provisions for | ent provides for an ex implementing the an | change, reclassificati nendment if not cont | ion, or cancellatic ained in the amer | on of issued shares, adment itself: | |
| (if not app | licable, indicate N/A) | | | | |
| N/A | | | | | |
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| The date of each amendment(s) adoption:late this document was signed. | No vember | 10 | 2022 | , if other than the |
|-------------------------------------------------------------------------------------------------|--------------------------------|-----------|-------------------------------|---------------------------|
| Effective date <u>if applicable</u> : | | | | |
| | (no more than 90 days aft | 'er amen | dment file date) | |
| Note: If the date inserted in this block does no document's effective date on the Department of | | utory fil | ing requirements, this date w | vill not be listed as the |
| Adoption of Amendment(s) (CH | ECK ONE) | | | |
| The amendment(s) was/were adopted by the action was not required. | incorporators, or board of o | lirectors | without shareholder action a | nd shareholder |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | | of votes | cast for the amendment(s) | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | _ | | • | \$629 |
| "The number of votes cast for the amer | ndment(s) was/were suffici- | ent for a | pproval | |
| by | | | ·" | <u></u> |
| (voti | ing group) | | | <u> </u> |
| | | | | |
| Dated 11/10/2 | 2 | | | - |
| Signature Signature | De | | | . , |
| | dent or other officer – if di | rectors o | or officers have not been | |
| | orporator - if in the hands of | f a recei | ver, trustee, or other court | |
| appointed fiduciary | by that fiduciary) | | | |
| Roma | anda Demo | etn c | 2.0 | |
| | Typed or printed name of [| | | |
| Pr | esi dent | | | |
| | Title of person signing) | | | |