N21000002820

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Public Eye Soar, Inc NAME OF CORPORATION:			
N21000002820 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this matt	ter to the following:		
Margaret S. Webster			
	(Name of Contact Pe	rson)	
Public Eye Soar, Inc.			
	(Firm/ Company		
PO Box 1653			
	(Address)		
Panama City, Florida 32402			
	(City/ State and Zip C	Code)	
publiceyesoar@gmail.com			
E-mail address: (to be use	d for future annual rep	ort notification	1)
For further information concerning this matter, please	e call:		
Margaret S. Webster	a t	850	890-6631
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida D	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status red Copy is used)
Mailing Address Amendment Section Division of Corporations	Am	eet Address endment Secti ision of Corpo	

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

FILED

Public Eye Soar, Inc.

(Name of Corporation as currently filed with the	Florida Dept. of State)	2021 MAR 15 PH 12: 50
N21000002820		SECRET DI OF STATE
(Docum	ent Number of Corporation	(if known) TALLAHASSEE, FL
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
n/a		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applica	n/a ble:	
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	n/a BOX)	
, ,		
	· · ·	
	-	
D. If amending the registered agent and/or regis	stered office address in Flo	rida, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	n/a	
trame of the megaletea figure.	n/a	
		(Florida street address)
New Registered Office Address:		(1 to) that style (table) and
	n/a	, Florida
	(City)	(Zip Code)
Non-Books and Assault Standard (Color-Port	lanintara Amanta	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		cept the obligations of the position.
	,	
	n/a	
_	Signature of New R	Projectered Agent of changing

and address of each Off (Attach additional sheets Please note the officer/di P = President; V = Vice I	ficer and/or Directs, if necessary) irector title by the J President; T= Trects = Chief Financial	first letter of the office title: asurer: S= Secretary; D= Director; TR= Tri Officer. If an officer/director holds more tha	istee; C = Chairman or Clerk; CEO = Chief
	aves the corporation	on, Sally Smith is named the V and S . These s	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add			n/a
Remove			
2) Change Add			n/a
Remove 3) Remove Add Remove		·	п/а
4) Change Add			n/a
Remove			- -
5) Change Add			n/a
Remove			
6) Change Add			n/a
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
Add Article VIII:			
UPON DISSOLUTION	OF THIS CORPO	RTAION, ASSETS SHALL BE DISTRIBUT	TED FOR ONE OR MORE

EXEMPT PURPOSES WITH THE MEANING OF SECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR

CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO

THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than the
The date of each amendment(s) adoption:	, if other than the
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	· · · · · ·

Adoption of Amendment(s)

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

⊐	There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
	Ma Dated	arch 11,2021
	has oth	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) Margaret S. Webster
	-	(Typed or printed name of person signing)
		Public Eye Soar, Inc Director/Incorporator/Registered Agent
	-	(Title of person signing)