## PD20000010107

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Amend Mame
(10) 2.19.14

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: _	SUNSTATE	GRAIN B	NOKERS, INC.
DOCUMENT NUMBER:		07010	7
The enclosed Articles of Amendme	ent and fee are submitted	for filing.	
Please return all correspondence co	oncerning this matter to th	e following:	
	CAERIE		
	SUNSTATE	e of Contact Persor	MAYS, INC.
	3870 F	Firm/Company LEASAN7	SPRINGS DR.
	NAPL	Address ES F	L 34/19
	City/	State and Zip Code	
E-mail	Cherie i address: (to be used to fi	Same Cituture annual report	notification)
For further information concerning	this matter, please call:		
CHERIE J.	CAME	at ( 239	898-1715 de & Daytime Telephone Number
Name of Contact Po	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable	to the Florida Depa	rtment of State:
\$35 Filing Fee \$43.7 Certi	(Ad	3.75 Filing Fee & tified Copy ditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres	_		Address
Amendment Sect Division of Corp			ment Section n of Corporations
P.O. Box 6327	OLGUO112		Building
Tallahassee, FL	32314		xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



SUNSTAT	E GRAIN B	ROKERS, INC.	-
(Name of Corporation as o	urrently filed with the Flor	ida Dept. of State)	
PO	2000070	107	
	Number of Corporation (if ki		
(isotameni	rumber of Corporation (if ki	no ni,	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the following amo	endment(s) to
A. If amending name, enter the new nam	e of the corporation:		
SUN	STATE GETA	AWAYS, INC. The	пеш
name must be distinguishable and conta	in the word "corporation," tion "Corp," "Inc," or "Co	' "company," or "incorporated" or the abbrev o". A professional corporation name must conta A."	riation in the
B. Enter new principal office address, if (Principal office address MUST BE A STI		3870 PLEASANT SPRING	S DR.
(Principal office address MOST BE A STI	KEET ADDRESS )	NAPLES FL 34119	
C. Enter new mailing address, if applica		707- 71:71.72 -7 (20.41)	e M
(Mailing address MAY BE A POST Of	FFICE BOX)	38 10 PLEASAN STOCK	<b>y</b> 0
		3870 PLEASANT SPRING NAPLES FL 34119	
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name of the	
Name of New Registered Agent	CHERIE J.	. CAME	
	3870 PLD	ASANT SPRINTS DR.	
_	(Florida street		
New Registered Office Address:	NAPLES	. Florida 34119 (Zip Code)	
·	(City)	(Zip Code)	

Page 1 of 4

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 Begistered 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 <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.

Example: X Change	<u>PT</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		N/A	
Add			
Remove			
2) Change		_ N/A	
Add			
Remove		N/A	
3) Change			
Add			
Remove		/ .	
4) Change		$_{\perp}$ $_{\perp}$ $_{\prime}$ $_{\prime}$ $_{\prime}$ $_{\prime}$	
Add			
Remove		1	
5) Change		NA	
Add		,	
Remove		,	
6) Change		V/A	
Add		,	
Remove			

ttach additional sheets, if necessary).	icles, enter chans (Be specific)	ec(s) nere.		
NA				
• /				
	_			
an amendment provides for an excl	hange, reclassific	ation, or cance	llation of issued	shares,
provisions for implementing the ame (if not applicable, indicate N/A)	enament 11 not co	ntained in the	amenoment itseli	<u>[]</u>
NA				
NA				
NA				
N/A				
NA				
N/A				
N/A				

The date of each amendment(s) adoption: date this document was signed.			
Effective date <u>if applicable</u> :	(no more than 90 days after amendm	nent file date)	<del></del>
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes castor approval.	st for the amendment(s)	
	the shareholders through voting groups.  ing group entitled to vote separately on the		
"The number of votes cast for the a	mendment(s) was/were sufficient for appro	oval	
by	(voting group)	••	
	(voting group)		
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder	action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action	on and shareholder	
Dated	1/14 Cheen Cerne		
Signature	Chen Cerne		
(By a director, p selected, by an	resident or other officer – if directors or o neorporator – if in the hands of a receiver iary by that fiduciary)		
	CHERIE J. CA.	ME	
	(Typed or printed name of perso	on signing)	
	PRESIDEN-	Γ	
	(Title of person signing	)	-