

PO6000137254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/13--01034--022 **35.00

FILED
13 OCT 15 PM 1:31

Handwritten signature
10/15/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sunrise Contracting Services, Inc

DOCUMENT NUMBER: P06000137254

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Querman
Name of Contact Person

Sunrise Contracting Services, Inc
Firm/ Company

1149 Creighton Rd Suite 4
Address

Pensacola FL 32504
City/ State and Zip Code

Michelle@SunriseContractingSRV.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marshall Reaves at (850) 712 2287
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$55 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2013

MICHELLE OVERMAN
1149 CREISHTON RD., STE 4
PENSACOLA, FL 32504

SUBJECT: SUNRISE CONTRACTING SERVICES, INC.
Ref. Number: P06000137254

We have received your document for SUNRISE CONTRACTING SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please mark only one box for the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 113A00023156

Articles of Amendment
to
Articles of Incorporation
of

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

P06000137254

(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:

A. If amending name, enter the new name of the corporation:

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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1149 Creighton Rd STE 4
Pensacola, FL 32504

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: Karen Walker

1707 John Carroll Dr.

(Florida street address)

New Registered Office Address: Pensacola Florida 32504
(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.

Karen Walker

Signature of New Registered Agent, if changing.

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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 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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Butler, Karen</u>	<u>3044 E Kingsfield Rd</u> <u>Pensacola, FL 32514</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Davis, Nicholas</u>	<u>2324 Highway 297A</u> <u>Cantonment, FL 32533</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>McCullough, Charles</u>	<u>4651 W Highway 4</u> <u>Century, FL 32535</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary. Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

FAX JOURNAL REPORT

TIME: 10/14/2013 18:09
 NAME:
 FAX:
 TEL:
 SER.#: 000L6J200113

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
#051	10/07	21:59	618884530509	00	00	BUSY	TX
#053	10/07	23:24	612032105614	01:16	05	OK	TX ECM
	10/08	17:47		01:31	01	OK	TX ECM
	10/08	17:55		01:35	01	OK	TX
#054	10/08	18:32	615143319688	01:05	04	OK	TX ECM
#055	10/08	18:43	613526942054	01:21	01	OK	TX ECM
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	10/08	22:27	3058870838	01:29	06	OK	TX ECM
	10/08	22:30	3058870838	01:35	06	OK	TX ECM
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	10/08	23:37	727 585 4717	01:19	06	OK	TX ECM
	10/08	23:39	954 442 5255	01:15	04	OK	TX ECM
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	10/09	13:48		00:45	03	OK	TX ECM
#058	10/09	15:19	910883917421	00:29	02	OK	TX
#059	10/09	18:18	619545870170	04:23	15	OK	TX ECM
	10/09	19:26	7278576865	01:30	05	OK	TX ECM
	10/09	20:33	9047434928	03:52	07	OK	TX ECM
#060	10/09	20:49	618139600133	01:18	01	OK	TX ECM
	10/09	21:41		00:21	01	OK	TX ECM
	10/09	23:01	239 454 0333	00:24	01	OK	TX ECM
	10/10	00:17		00:39	02	OK	TX ECM
	10/10	15:53		01:19	06	OK	TX ECM
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	10/10	17:25	813 555 1212	01:36	06	OK	TX ECM
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#063	10/10	22:38	617279383755	01:00	02	OK	TX ECM
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	10/10	23:04		00:46	01	OK	TX ECM
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	10/13	17:08	3059326098	00:33	02	OK	TX ECM
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	10/14	18:07	8504778935	01:41	06	OK	TX ECM

BUSY: BUSY/NO RESPONSE
 NG: POOR LINE CONDITION / OUT OF MEMORY
 CV: COVERAGE
 POL: POLLING
 RET: RETRIEVAL
 PC: PC-FAX
 ** : CHECK READABILITY

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: 9/19/13
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval by _____
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/15/13

Signature Candace Reaves

(By a director, 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 appointed fiduciary by that fiduciary).

Candace Reaves

(Typed or printed name of person signing)

President

(Title of person signing)