P07000052992

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C. LEVVIS MAY 13 2014 EXAPPINER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: RL SUNSHINE CORP DOCUMENT NUMBER: P07000052992 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LISANDRA DE LA TORRE Name of Contact Person RL SUNSHINE CORP Firm/ Company 2920 NW 21 AVE Address MIAMI, FL 33142 City/ State and Zip Code PITRIN@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LISANDRA DE LA TORRE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPRÓVÉI AND FILED

Articles of Amendment to Articles of Incorporation of

14 MAY - 1 研 9:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RL SUNSHINE CORP (Name of Corporation as currently filed with the Florida Dept. of State) P07000052992 (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: TRANS-RENOVATION CORP. 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) 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 (Florida street address) New Registered Office Address: _ , Florida (City) 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 Registered Agent, if changing

7

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.

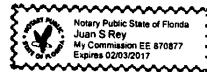
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
Add			
Remove			

. If amending or adding additional Arti	<u>icles, enter chang</u>	<u>e(s) here</u> :			
(Attach additional sheets, if necessary).	(Be specific)				
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<u>If an amendment provides for an exch</u>	ange reclassifica	tion or cance	allation of ice	enad charac	
provisions for implementing the ame	ndment if not con	tained in the	amendment	itealf:	
(if not applicable, indicate N/A)	nament ii not con	tanica ni tije	amenament	itseii.	
(y not approved, material)					
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The date of each amendment(s) adopti	оп: April 28, 2014	14 MAY -1	AM 9: 59	_, if other than th
date this document was signed. Effective date if applicable:		SECRETARY TALLAHASS	COP EINIE EE, FLORIDA	-
	(no more than 90 days afte			-
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of ent for approval.	f votes cast for the ame	ndment(s)	
The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting voting group entitled to vote separa	g groups. The following ately on the amendmen	z statement t(s):	
	ne amendment(s) was/were sufficien			
by	(voting group)			
The amendment(s) was/were adopted action was not required.			areholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareh	older action and shareh	older	
Dated April 28, 20 Signature	datarre			
(By a director selected, by	or, president or other officer – if dire an incorporator – if in the hands of duciary by that fiduciary)			-
LIS	ANDRA DE LA TORRE			_
	(Typed or printed name	e of person signing)		
PR	ESIDENT			-
	(Title of perso	n signing)		



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Page 4 of 4

STATE OF PLUMIDA