P150000099480

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVERLETTER

Division of Corporations NAME OF CORPORATION: 5000049480 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mc (Vei) | Name of Contact Person Celobie Coctax team. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Piorida Department of State: . \$35 Filing Fee **□\$43.75** Filing Fee & ZS43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status **Certified Copy** Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

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Articles of Amendment to Articles of Incorporation

_	of	4		Ø
Sunsi	rine Concie	rge one		······································
(Name o	Corporation as currently	filed with the Florida	Dept. of State)	
	P150000			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. It is Articles of Incorporation:	006, Florida Statutes, this A	Torida Profit Corporati	on adopts the folio	wing amendment(s)
A. If amending name, enter the new name	ne of the corporation:			
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ttion "Corp," "Inc," or "(Co". A professional co	corporated" or the reporation name m	The new abbreviation nust contain the
B. Enter new principal office address. I Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	eable: OFFICE ROX)			
D. If amending the registered agent and new resistered agent and/or the new	Vor registered office address:	ess in Florida, enter the	name of the	
Name of New Registered Agent	Debra A	Heyer		
	8569 PINO	es address)	216	
New Registered Office Address:	Panbrolu P.	nes	, Florida(33024
New Registered Agent's Signature. If ch hereby accept the appointment as registe	red agent. I am familiar w	ith and accept the obligi		
	dema a H	rgistered Agent, if change		

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	PT John	n Doe	
X Remove	Y Mik	e Jones	
_X Add	SY Salt	y Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	<u> </u>	Andraw McNall	2308 NE 9th J+
X Add			A-Landudale R
Remove			3330
2) Change		Nadine Pierre	2308 NE 946 St
Add			Ft. Landudali R
Remove			335cc
3) Change			
Add			
Remove			
4)Change		****	
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

amending or adding ad tach <i>additional sheets, tj</i>	ditional Articles. necessary). (Bi	enter change(s)	here:		
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in amendment provide: ovisions for implement (if not applicable, inde	ing the Amendme	. reclassification. ent if not contain	or cancellation of ed in the amendme	issued shares. nt itself:	
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The date of each amendment(s) adoption: 1///2016 if other than the
date this document was signed.
Elicore date il applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
Signature AM
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)