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(Re	questor's Name)				
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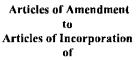
Amend/Mame 10 3/5/14

COVER LETTER

-TO: Amendment Section
Division of Corporations

Division of Corpora	uona				
	D12000070	E AGENCY CO	ORP		
DOCUMENT NUMBER	R: 1 10000010				
The enclosed Articles of	Amendment and fee are su	abmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
	PETER	SON PIERRE			
		Name of Contact Person	n		
		Firm/ Company			
6	191 UNITED	•			
	Address				
<u>v</u>	VEST PALM E	BEACH, FL 33	3411		
		City/ State and Zip Cod	e		
PETERSON@AGENCY4US.COM					
<u> </u>	_	sed for future annual report			
	17 11/21/1 24/21 4001 (10 00 21				
For further information co	oncerning this matter, pleas	se call:			
PETERSON	PIERRE	_{at (} 561	, 228-1557		
Name of (Contact Person	Area Code & Daytime Telephone Num			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailin	g Address	Street	Address		
Amendment Section Amendment Section					
Division of Corporations Division of Corporations					

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





SUNLIFE AGENCY CORP

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

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Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following a
A. If amending name, enter the new name of the corporation AGENCY4US CORP	<u>n:</u>
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must con
B. Enter new principal office address, if applicable:	1897 PALM BEACH LAKES BLVD STE 212
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST PALM BEACH, FL 33409
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1897 PALM BEACH PLAKES BLVD STE 212
	WEST PALM BEACH, FL 33409
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	address in Florida, enter the name of the
new registered agent and/or the new registered office add	address in Florida, enter the name of the dress:
Name of New Registered Agent	address in Florida, enter the name of the

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.

X Change	PT John	<u>l Doe</u>	
X Remove	V Mike	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SECR	JOREMA F JOSEPH	1436 7TH ST
Add	•		WEST PALM BEACH
Remove			FLORIDA, 33401
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			444-44-44-44-44-44-44-44-44-44-44-44-44
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· .	***************************************
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•	
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an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
(ij noi applicatio, indicate 1071)	•

The date of each amendment(s)	adoption: <u>2/26/2</u> 014	, if other than the
date this document was signed.	/26/2014	
Effective date if applicable: 2	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were about the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
D 2/26	/2014	
DatedSignature	Det De	
	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	PETERSON PIERRE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	