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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUN & RAIN EN	TERPRISES, INC.	
DOCUMENT NUM			
	of Amendment and fee are st	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	JUDITH ROBINSON BRYA	ANT	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n
	SUN & RAIN ENTERPRIS	ES, INC.	
		Firm/ Company	
	8751 WREN DR		
		Address	
	PENSACOLA FL 32534		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
		•	·
For further informatio	n concerning this matter, pleas	se call:	
JUDITH ROBINSON	BRYANT	727 at (	424-6176
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	navable to the Florida Deos	urtment of State:
		pujuoto to ale i torica Depi	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327			Building
Tall	ahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SUN & RAIN ENTERPRISES, INC.

(Name of Corporati	on as currently filed with the Florida Dep	ot. of State)
	548887	
(Docun	nent Number of Corporation (if known)	**************************************
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation a	adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	Tt
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "Co". A professional corpor	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL	e: DRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	<del></del>
•		
D. If amending the registered agent and/or register new registered agent and/or the new registered		me of the
Name of New Registered Agent		
	(Florida street address)	- In-land
N	,	Plants
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<mark>tistered Agent:</mark> I am familiar with and accept the obligation	ns Time possion.
I hereby accept the appointment as registered agent.		The second second
Sign	ature of New Registered Agent, if changing	D D
		ORA F

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DT	ROBINSON, LAVERNA C	8751 WREN DR
Add X Remove			PENSACOLA FL 32534
2) X Change	DPST	ROBINSON BRYANT, JUDITH	8751 WREN DR
Add Remove 3) Change Add			PENSACOLA FL 32534
Remove 4) Change Add Remove			
5) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove  Change Add Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<del></del> -
<u> </u>		
<u>If an amendment provides for an exch</u>	lange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(3 aff		
		<del></del>
		· <del>-</del>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	oproved by the shareholders through voting groups. The are each voting group entitled to vote separately on the ar	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	n
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder acti	on and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action a	nd shareholder
Dated_5-24	t-17	
Signature	Sudith Robers in Bry	sant
	director, president or other officer - if directors or officed, by an incorporator - if in the hands of a receiver, true	
	nted fiduciary by that fiduciary)	side, of other bourt
	JUDITH ROBINSON BRYANT	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	4.