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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Cypress - N - Sun, In	c.		
DOCUMENT NUMBER: .	745144			
	1	-(w-16 - GE -		
The enclosed Articles of Am	enament and tee are subr	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
Lori Gieseking				
		(Name of Contact Per	rson)	
		(Firm/ Company)		
12 Gulf Blvd Unit B4				
	•	(Address)		
Indian Rocks Beach, FL 33	785			
		(City/ State and Zip C	ode)	
lori@g2marketingsolutions.	com			
E	-mail address: (to be used	for future annual repo	ort notification	1)
For further information conc	erning this matter, please	call:		
Lori Gieseking		at	727	804-3605
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fi	ollowing amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	Mailing Address		et Address	
Amendment Section		Ame	endment Secti	ion

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

## Articles of Amendment to Articles of Incorporation of

Cypress - N - Sun, Inc.				
(Name of Corporation	as currently filed w	ith the Florida Dept.	of State)	
745144				
(Docum	nent Number of Corp	oration (if known)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Not For Profit Co	orporation adopts the following	
A. If amending name, enter the new name of the	corporation:			
N/A			The nev	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	•	incorporated" or the a		
B. Enter new principal office address, if applica	N/A	N/A		
(Principal office address MUST BE A STREET A				
			·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	12 Gulf I	12 Gulf Blvd		
	Unit B4			
	Indian R	ocks Beach, FL 3378.	5	
D. If amending the registered agent and/or regis		in Florida, enter the	name of the	
new registered agent and/or the new register				
Name of New Registered Agent:	Lori Gieseking			
	12 Gulf Blvd Unit B4			
New Registered Office Address:	(Florida street address) S			
	Indian Rocks Beach		, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		and accept the obliga	itions of the position,	
	Hely Sins	ell _		
_	Signature of	f New Registered Agen	it, if changing	

Page 1 of 4

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 X Remove X Add	PT         John De           V         Mike Je           SV         Sally Se	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>S</u>	Deborah Carder	13308 - 108th Avc N
Add			Largo, FL 33774
X Remove			
2) Change	<u>s</u>	Teresa Jeffries	346 Lauren Landing
X Add			Ballwin, MO 63021
Remove			
3) Change			<del> </del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Ar (attach additional sheets, if necessary).	. (Be specific)	<u> </u>			
N/A					
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	1 New how 5, 2018	
I he date of each amendment(s) late this document was signed.	adoption: November 5, 2018	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	•
Note: If the date inserted in this be document's effective date on the I	block does not meet the applicable statutory filing requiremed Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for toval.	the amendment(s)
There are no members or me adopted by the board of directions.	mbers entitled to vote on the amendment(s). The amendmentors.	ent(s) was/were
Dated	15/18	
Signature W	Men X/unt	
have not l	airman or vice chairman of the board, president or other officeen selected, by an incorporator – if in the hands of a receint appointed fiduciary by that fiduciary)	
	Jilliam Gieseking (Typed or printed name of person signing	·)
	President of BOARD	y
-	(Title of person signing)	

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