F03000001372

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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2023 AUG 25 Feb 2: 49



August 14, 2023

SHIRLEY YAGER 17951 HWY 301 DADE CITY, FL 33523

SUBJECT: SUNSHINE CORVETTES, INC.

Ref. Number: F03000001372

We have received your document for SUNSHINE CORVETTES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

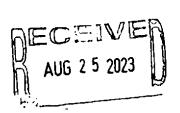
The form you submitted is for a Florida Profit Corporation, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 923A00018558



COVER LETTER

TO: Amendme	ent Section Division of Corporation		C 111C	
SUBJECT: 5 V		CORVETIL	> INC	
DOCUMENT NU	Γ	of Corporation		
The enclosed Amer	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
SHIRLE	Y Yaber Name of Contact Person			
SUNSIY	INE CORVET	TESINC		
17951 L	15 HWY 30 Address			
DADE	CITY FL. 33	523		
Heresa (E-mail addre	Gtsommers, Conss. (to be used for future annual re	eport notification)	,,	(1) (1) (1)
For further informa	ation concerning this matter, pleas	se call;	<u>.</u>	į.
	of Contact Person	at (<u>813</u>) <u>788</u> Area Code & Daytime	-3369 Felephone Number	7693 AUN 25 1
Enclosed is a check	c for the following amount:			1:11 2:
№ 835 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	S52.50 Filing Fee. 2 Certificate of Status & Certified Copy	. <u> </u>

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F 0 3	00000 B 12	_
-	Document number of corporation (if known)	_
JUND HINE COL	RUPTTES INC	
(Name of corpora	ation as it appears on the records of the Department c	
2. DELAWARE	3	· 2-10-2003
(Incorporated under laws of	of) (Date authorized to	o do business in Florida)
	SECTION II	
(4-7 CON	APLETE ONLY THE APPLICABLE CHANGES	3)
A . A	poration, when was the change effected under the lav	ws of its jurisdiction of
5. (Name of corporation after the amendment, ac	lding suffix "corporation," "company," or "incorpora	ated," or appropriate abbreviation, if
not contained in new name of the corporation	,	
St. C. Charita and a	le man a constant a many a doubted for this proposes of te	munativa businass in Flatida)
(If new name is unavariable in Fibrida, ener as	ternate corporate name adopted for the purpose of tra	ansacting ousness in training
6. If the amendment changes the period of d	luration, indicate new period of duration.	_
	NA	
	(New duration)	29 E
	(e., daranon,	SELVAN PALA
7. If the amendment changes the jurisdiction	n of incorporation, indicate new jurisdiction.	G -
,	N1 A	= = = = = = = = = = = = = = = = = = = =
	(New jurisdiction)	—————————————————————————————————————
	, ,	当当も
8. If amending the registered agent and/or reg	gistered office address in Florida, enter the name	of the
new registered agent and/or the new registe		
Name of New Registered Agent	NH	
	NA	
	(Florida street address)	Λ
New Registered Office Address:	∖ √ / / . Fice	orida NH
Man to gistered vyjec rhaness.	(Citv)	(Zip Code)
New Registered Agent's Signature, if chan	oing Registered Agent:	
I hereby accept the appointment as registered	l agent. I am familiar with and accept the obligation	is of the position.
n / A		

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address Typ	e of Action
ρ	SHIRLEY YAGER	17951 US 301	∭ Add
		DAPECITY FL33527	Remove
<u>V</u> ρ	FRANK YAGERJR	17951 US 301	X Add
		Dade City Fl.3352	Remove
			□Add
			⊑Remove
			∐Add
			⊈Remove
		-	□Add ? 23
10. Attached is a of the application under the law	certificate or document of similar import, evition to the Department of State, by the Secreta's of which it is incorporated.	idencing the amendment, authenticated not more ry of State or other official having custody of corp	than 90 days prior to delive porate records in the jurisdicti
			. 50
	(Signature of a directe a receiver or other co	v. president or other officer - if in the hands of urt appointed fiduciary, by that fiduciary) Vice President (Title of person signature)	——————————————————————————————————————
tran	(Typed or printed name of person signing)	Vice <u>rresident</u> (Title of person si	gning)

FILING FEE \$35.00