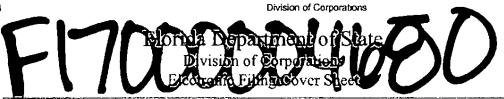
11/9/21, 3:06 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000415703 3)))



H210004157033ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000145 Phone

: (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ATLANTA SUN INVESTMENTS, S.A. CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

NOV 1 0 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

## Ł 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) F17000004680 (Document number of corporation (if known) ATLANTA SUN INVESTMENTS, S.A. CORP. (Name of corporation as it appears on the records of the Department of State) REPUBLIC OF PANAMA 10/23/2017 (Incorporated under laws of) (Date authorized to do business in Florida) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) If the amendment changes the period of duration, indicate new period of duration, (New duration) If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction) 8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

Page: 4 of 4

Title/ Capacity	Name	Address	Type of Action
СР	Julia Rosa Mena De Lima	881 OCEAN DR., #3G	
		KEY BISCAYNE, FL. 33149	Remove
DT	Fernando Antonio Lima Mena	881 OCEAN DR. #3G	DAdd
		KEY BISCAYNE, FL 33149	Ekemove
p .	Enrique Rodolfo Lima Mena	881 OCEĄŅ DR., #3G	
		KEY BISCAYNE, FL 33149	Cremove
			CRemove
<del></del>		. <u></u>	🗀 Add
	P	\	Remove
O. Attached is a of the applica under the law	extilicate or document of similar import, a tion to the Department of State, by the Sector of which it is incorporated.	videncing the amendment, authenticated no try of State or other official having custody of	t more than 90 days prior to delivery of corporate records in the jurisdiction
	(Signature of a direct a receiver or other a	or, president or other officer - if in the hand ourt appointed fiduciary, by that fiduciary)	is of
Enrique	Rodolfo Lima Mena	DS	
	(Typed or printed name of person signing)		erson signing)

FILING FEE \$35.00

SCURE IARY OF STATE

- 12