

(R	equestor's Name)	.
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		

Office Use Only

lele3-



900315752949

07/18/18--01013--010 **35.00

FILED
2018 AUG 13 PM 4:54

C. GOLDEN AUG 1 4 2013

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SUNSHINE INTO	SOLUTIONS INCURPORATED
Name of C	Corporation
DOCUMENT NUMBER: Name of C	
The enclosed Affidavit by Foreign Corporation to Ch submitted for filing.	ange/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning this matter	er to the following:
ANURAG JAISWAL	
Name of Contact Person	
SUNSHINE INTO SOLUTIONS Firm/Company	INCORPORATED
3049 CLEVELAND AVENU	E, SUITE - 205
Address	
FORT MYERS, FLORIDA City/State and Zip Code	- 33961
E-mail address: (to be used for future annual report no	ons.com
For further information concerning this matter, please	call:
Name of Contact Person at (23) Area (Sode & Daytime Telephone Number
Enclosed is a check made payable to the Florida Depa	rtment of State for the following amount:
S35.00 Filing Fee S43.75 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)
Amendment Section A Division of Corporations D P.O. Box 6327 C	treet Address: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle

Tallahassee, FL 32301



July 20, 2018

ANURAG JAISWAL 3049 CLEVELAND AVENUE SUITE 205 FORT MYERS, FL 33901

SUBJECT: SUNSHINE INFO SOLUTIONS INCORPORATED

Ref. Number: F18000002128

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Letter Number: 018A00014938

Claretha Golden Regulatory Specialist II

> RECEIVE 18 AUG 13 PK 4: 25 SECRETARY OF STATE TALLAHASSFEL HI PE



FILED

2018 AUG 13 PM 4:54

SECRETARY OF STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

(Note: Applicable only during the til	st calcillar year of quartication)
1. The name of the foreign corporation as it appears of SUNSHINE INFO SOLUTION	-
2. This entity was authorized to transact business in F number is \$\F\8000002128	Florida on $05/07/201$ and its Florida document
This corporation was formed under the laws of	GEORGIA
4. The name and address of each officer and/or direct	
Title: DIRECTOR	Name and Address ANURAL JAISWAL 3099 CLEVELAND AVIE.
	3049 CLEVELAND AVE. SUITE-205, FORT MYERS, FL-3
DIRECTOR	ABHISHEK SURANA 3049 CLEVELAND AVE SUITE-201
	FORT MYIERS, FLORIDA- 33901
DIRECTOR	RAHUL GUPTA
	3049 CLEVELAND AVE SUITE
	FORT MYERS FLORIDA - 33901
DIRECTOR	VINCENT MATHEW KUTTIATH
	3049 CLEVELAWD AVE SUITE 200
	FORT MYERG FLORIDA - 33901.
Artach additional pag	es if necessary) DIRECTOR Title of person signing
nature of an officer or director	Title of person signing
NURAG JAICWAL	FILING FEE \$35
nature of an officer or director NURAG JAICWAL ed or printed name of person signing	

Make checks payable to Florida Department of State and Mail to: Division of Corporations *PO Box 6327 *Tallahassee, FL 32314

CR2E127 (8/08)

4.The name and address of each officer a	and /or director is/are continued :	
Title:	Name and Address	
DIRECTOR	ASHUTOSH TIWARI	
	3049 CLEVELAND AVE	
	SUITIE-200, FURT MYERS FLURIDA - 33901.	
DIDEATING	ACLORNI TAICIOAL	

Signature of an officer or director

ANURAG JAISWAL

Type or printed name of person signing

DIRECTOR

3049 CLEUELAND AVE

SUITE -205 FORT MYERS
FLORIDA -33901

Title of the person signing