G 18915

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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

20 JH 6 PH 1: 15 Division of Corporations NAME OF CORPORATION: SUN RISK MANAGEMENT, INC. DOCUMENT NUMBER: G18915 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CAROL VANCE Name of Contact Person Firm/ Company 411 55TH AVE Address ST PETE BEACH, FL 33706 City/ State and Zip Code CVANCE@CAVCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAROL VANCE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

of		·
SUN RISK MANAGEMENT, INC.		,
(Name of Corporation as currentl	y filed with the Florida Dept. of State)	
G18915	ರ	ار ا
(Document Number of	f Corporation (if known)	3
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacles of Incorporation:	Florida Profit Corporation adopts the following ame	ender
A. If amending name, enter the new name of the corporation: NEW SUN VENTURES INC	Th.	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Call professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3073 W. Vina Del Mar Bl St. Pete Beach, Fe	l <i>v d</i>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33706 3073 W. Vina Del Mar Blu St. Pete Beach, E 33706	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		_
Name of New Registered Agent		
(Florida str	eet address)	
New Registered Office Address:	(City) Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		

Signature of New Registered Agent, if changing

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 = ChiefExecutive 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: <u>PT</u> John Doe X Change X Remove \underline{V} Mike Jones <u>SV</u> Sally Smith <u>X</u> Add <u>Addres</u>s <u>Title</u> <u>Name</u> Type of Action (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add __ Remove 3) ____ Change __ Add _ Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change __ Add ____ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) $N^{\prime}A$

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F. If an amendment provides provisions for implement (if not applicable, indi	ing the amendment if not	fication, or cancelle contained in the ai	ation of issued shares, mendment itself:	
N/A				
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		Page 3 of 4		
	IANHARY	2020		
The date of each amendment(date this document was signed.				if other than the
Effective date if applicable:	JANUARY 3, 2020			
	(no more	than 90 days after d	amendment file date)	

Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
bv	,
	(voting group)
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder
Dated	aula / h.
(By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
I	PAULA BEERSDORF
-	(Typed or printed name of person signing)
Ī	OPS
<u></u>	Title of person signing)