G20148

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COVER LETTER

Division of Corporations	ન્
NAME OF CORPORATION:Sur	Hin Optical Corporation
DOCUMENT NUMBER:	G 20148
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Che	Name of Contact Person
Hoacus	Business & Axove. W
105	7 Th AUL, NE
Rus	•
E-mail address: (to be	City/ State and Zip Code Can 5 @ grail. com e used for future annual report notification)
For further information concerning this matter, p	lease call:
Chery Creason Name of Contact Person	at (813) 645-4000 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
S35 Filing Fee Certificate of Status	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles	of	Incorporation

A	Articles of Incorporation
\bigcirc 1	7220 21 ANS 25
Jun Hill	on as currently filed with the Florida Dept. of State)
(Name of Corporatio	on as currently filed with the Florida Dept. of State
	<u> </u>
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicables	<u> </u>
(Principal office address <u>MUST BE A STREET ADD</u>	PRESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered of	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
Name of New Kegistered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Cinte)
New Registered Agent's Signature, if changing Reg	nistered Agent
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signo	ature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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= Treusurer; 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.

X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	DP		Mary Rita Finne	gan	302 Hollowhree DR.
Add				•	Softner FL
🔀 Remove					
2) Change		_		_	
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change		_		_	
Add					
Remove					
6) Change		_		_	
Add					
Remove					

If amending or adding addition (Attach additional sheets, if necessity)			<u> </u>		
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If an amendment provides for	n avchanga ra	classification	r cancellation	of icenad charge	•
provisions for implementing t	ne amendment i				7
(if not applicable, indicate in			l.		
Shares of	the	corpor	noite	will	be
as follow	5				
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The date of each amendment(s) adoption	م) <i>سا</i> ر	14 2020	, if other than the
date this document was signed.	\	1	, it other than the
Effective date <u>if applicable</u> :	(no more than S	Odays after amendment file da	ne)
Note: If the date inserted in this block of document's effective date on the Department.		cable statutory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted laction was not required.	by the incorporators, or	board of directors without shar	eholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient		ne number of votes east for the	amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each			
"The number of votes cast for the	e amendment(s) was/we	ere sufficient for approval	
by	ろ	<u>.</u>	
	(voting group)		
Dated	-2020 75 A		
(By a director selected, by a	r, president or other offi an incorporator – if in the luciary by that fiduciary	cer – if threctors or officers have ne hands of a receiver, trustee, o	ve not been or other court
	FRANK (Typed or printed	name of person signing)	<u>egan</u>
	٧.	P	
	(Title of person si	gning)	