## L14585

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

RECEIVED 15 JUL 23 MIO; 50

NAME OF CORPO	Sunshine Internation	onal Corporation	NV N	S STATE
DOCUMENT NUM	L 14585		1979	* A Supple
	· · · · · · · · · · · · · · · · · · ·	huitted for filing		•
	s of Amendment and fee are su			
Please return all corre	espondence concerning this ma	tter to the following:		
	Shahid N Chowdhury			
		Name of Contact Person	1	
	Sunshine International corpo	ration		
		Firm/ Company		
	707 NE 13th street			
		Address		
	Ft Lauderdale, Fl 33304			
		City/ State and Zip Code		<del></del>
snc5	595@yahoo.com, shamser	howdhury@hotmail.com	OR SHOHOWDHURY	· @ HOT MAIL: COM
<del></del>		sed for future annual report		-
				•
For further information	on concerning this matter, pleas	se call:		
Shahid N Chowdhur	у	954 at (	444-3052	
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:	
<b>\$35</b> Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	•
	Certificate of Status	Certified Copy	Certificate of Status Certified Copy	
		(Additional copy is enclosed)	(Additional Copy	
		ŕ	is enclosed)	
√ Ma	niling Address	Street	Address	
	nendment Section	Amend	ment Section	
Division of Corporations P.O. Box 6327			n of Corporations Building	
r.c	J. DUA UJA I	Cinton		

2661 Executive Center Circle

Tallahassee, FL 32301



June 2, 2015

SHADID N. CHOWDHURY SUNSHINE INT'L CORPORATION 707 NE 13TH STREET FT. LAUDERDALE, FL 33304

SUBJECT: SUNSHINE INTERNATIONAL CORPORATION

Ref. Number: L14585

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

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE CHECK ONLY 1(ONE) BOX REGARDING THE ADOPTION OF THE AMENDMENT.

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

Irene Albritton Regulatory Specialist II

Letter Number: 815A00011547



May 21, 2015

SHAHID N. CHOWDHURY SUNSHINE INT'L CORPORATION 707 NE 13TH STREET FT. LAUDERDALE, FL 33304

SUBJECT: SUNSHINE INTERNATIONAL CORPORATION

Ref. Number: L14585

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 315A00010769

## Articles of Amendment to Articles of Incorporation of

sunshine International Corporation

(Name of Corporation	as currently filed with the Florida Dept. of State)
L14585	
(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St 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 corpo	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS )
C. Enter new mailing address, if applicable;	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	23
	2
<b>5. 16 1</b> 6 <b>1</b> 6	5
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of Name Desirement Assure	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
_	
Socholin	Am.
Signatu	ure of New Registered Agent, if changing

## L 14585

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 = 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	PT John J	<u>Doc</u>			
X Remove	V Mike	Jones			
X Add	SV Sally	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
l) Change	Secreta 😝	Sharly Chowdhury	3228 NW 22nd Avenue		
X Add			Oakland Park		
Remove			FL 33309		
2) Change					
Add					
Remove					
3) Change	*****				
Add					
Remove					
4) Change		49-4			
Add			4		
Remove			, ,		
5) Change	<del></del>	<del></del>			
Add					
Remove			***		
6) Change					
Add	<del></del>	<del></del>	***************************************		
Add					
TCHIOAC					

L14585

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: mme_deatly	
Effective date if applicable: \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \] \[ \]	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	lder
action was not required.	
Dated 7- 20 -20)	
Signature  (By a director, president or other officer – of directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	/ <b></b>
(Typed or printed name of person signing)	<u>s</u>
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	