5/31/2017

Division of Corporations

## Florida Department of State Division of Corparations Florida Department of State Over Sheet

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## SUNSHINE FOR ALL, INC.

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JUN 01 2017

T. LEMIEUX

## Articles of Amendment to Articles of Incorporation of

| SUNSHINE FOR ALL, INC.   |                                 |   |                                       |                  |            |
|--|---------------------------------|---|---------------------------------------|------------------|------------|
| (Name of Corporation as  | currently filed with th         | e Florida Dept. a                       | f State)                              | _                | ·          |
| N04000011594   |                                 |   |                                       |                  |            |
| (Document  | Number of Corporation           | ı (if known)                            |                                       |                  |            |
| Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:   | Statutes, this <i>Florida N</i> | iot For Profit Co                       | rporation adop                        | ts the fol       | lowing     |
| . If amending pame, enter the new name of the cor  | rporation:                      |   |                                       |                  |            |
|  |                                 |   |                                       | 73               | he new     |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name.   | orporation" or "incorp          | orated" or the ab                       | breviation "Co                        |                  |            |
| 3. <u>Enter new principal office address, if applicable:</u><br>Principal office address <u>MUST BE A STREET ADD</u>   |                                 |   |                                       | <del></del>      |            |
| •  |                                 | • |                                       |                  |            |
| C. Euter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX   | 0                               |   | · · · · · · · · · · · · · · · · · · · |                  |            |
|  |                                 |   |                                       |                  |            |
|  |                                 | · · · · · · · · · · · · · · · · · · ·   |                                       |                  |            |
| O. If amending the registered agent and/or registers   | d office address in Fh          | rida, enter the r                       | same of the                           |                  |            |
| new registered agent and/or the new registered o   | nice nuaress:                   |   |                                       |                  |            |
| Name of New Registered Agent:  |                                 |   |                                       |                  |            |
| <u></u>  |                                 |   |                                       |                  |            |
| New Revistered Office Address:   |                                 | (Florida street ac                      | (Florida street address)              |                  |            |
| THE THE PARTY OF THE PARTY AND |                                 |   | •                                     |                  |            |
|  | (Clty)                          | <del> </del>                            | Florida                               | <u>·</u><br>نه)  |            |
|  | (Oily)                          |   | (zip Cou                              | •/               |            |
| lew Registered Agent's Signature, if changing Regi-  | stered Agent:                   |   |                                       |                  |            |
| hereby accept the appointment as registered agent. I   | om jaminar wiin ana a           | ccept ine obligan                       | ions oj ine post                      | non.             |            |
|  | •                               |   | 57.0                                  | nin.             |            |
|  | Signature of New                | Designation of Asses                    |                                       | ===              |            |
|  | Signature of New.               | перинегви луги,                         | ±ru.<br>∓ru:                          | 35               |            |
|  |                                 |   | ASS.                                  | *                | ر<br>محتون |
|  | <b>5</b> 0 <b>77</b> 4          |   | (A) 201<br>(H) 21                     | بب               |            |
|  | Page 1 of 4                     |   | TI CI                                 | . •              | 1          |
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|  |                                 |   | 273 27                                | 77               |            |

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.

| Example: X.Change X.Remove X. Add | <u>V</u> <u>Mi</u> | in <u>Doe</u><br>ke Jones<br>ly Smith |                    |             |
|-----------------------------------|--------------------|---------------------------------------|--------------------|-------------|
| Type of Action<br>(Check One)     | <u>Title</u>       | Name                                  | Address            |             |
| l) Change                         | D                  | JESUS RODRIGUEZ                       | 3421 SW 13 TERRACE |             |
| Add                               |                    |                                       | MIAMI, FL 33145    |             |
| XX Remove                         |                    |                                       |                    |             |
| 2) Change                         | D                  | BYRON MARIN                           | 1407 SW 22 STREET  |             |
| XX Add                            |                    | •                                     | MIAMI, FL 33145    |             |
| Remove                            |                    |                                       |                    |             |
| 3) Change                         |                    |                                       |                    | <del></del> |
| Add                               |                    |                                       |                    |             |
| Remove                            |                    |                                       |                    |             |
| 4) Change                         | , <u>.</u> .,      |                                       | · ·                |             |
| <b>A</b> .dd                      | •                  |                                       |                    |             |
| Remove                            |                    | •                                     |                    |             |
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| 5)Change                          |                    |                                       |                    |             |
| Add                               |                    | •                                     |                    |             |
| Kentove                           |                    |                                       |                    |             |
| 6) Change                         | <del></del>        |                                       |                    |             |
| Add                               |                    |                                       |                    |             |
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| E. H SUBBRIDE OF SUGING SUCCESSIONS APE  | KINGE, COLOR CORDACIS) DOTO:          |
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| E. If amending or adding additional Articutach additional sheets, if necessary). | (Be specific)                         |
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|      |   |               | 05/18/2017  |  |                                     |
|------|---|---------------|---|--|-------------------------------------|
|      | date of each amer                       |               | otlon:  |  | if other than the                   |
| date | this document was                       | signed.       |   |  | <del></del>                         |
| Effe | ctive date if applic                    | eable:        | •   |  |                                     |
|      |   |               | (no more than 90  | days after amendment file date)  |                                     |
|      |   |               | does not meet the app<br>tment of State's recon                             | plicable statutory filing requirements, rds.   | this date will not be listed as the |
| Ada  | ption of Amendme                        | ent(s)        | (CHECK ONE)   | •  |                                     |
|      | The amendment(s) was/were sufficien     |               | ted by the members a  | and the number of votes east for the a   | neudmeat(9)                         |
| 8    | There are no memi<br>adopted by the box |               |   | he amendment(s). The amendment(s)  | was/were                            |
|      | Dated                                   | 05/18/2017    | Λ.  |  |                                     |
|      | Signature                               |               | auraria   | Vfanow   | 10.1                                |
|      | ,                                       | have not been | at or vice chairman or<br>selected, by an incorp<br>pointed fiduciary by th | f the board, president or other officer-<br>porator — if in the hands of a receiver,<br>nat fiduciary) | ir directors<br>brustee, or         |
|      |   | MAURICIO      | HANONO  |  |                                     |
|      |   |               | (Typed or   | r printed name of person signing)  | <del></del>                         |
|      |   | P             |   | •  |                                     |
|      |   |               |   | (Title of person signing)  | •                                   |
|      |   | <u>P</u>      |   | (Title of person signing)  | •                                   |