

N06000012611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

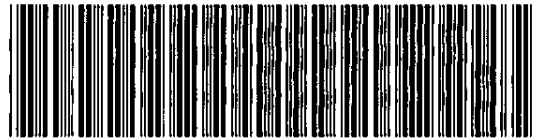
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600213352076

10/26/11--01007--003 \*\*43.75

FILED  
11 OCT 26 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 10/26/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Sunshine Kids Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Matthew A. Lowell  
(Name of Contact Person)

\_\_\_\_\_  
Sunshine Kids Inc.  
(Firm/ Company)

\_\_\_\_\_  
3214 Thackery Way  
(Address)

\_\_\_\_\_  
Plant City, FL 33566  
(City/ State and Zip Code)

\_\_\_\_\_  
mlowell82@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew A. Lowell at ( 863 ) 440 3845  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Articles of Amendment  
to  
Articles of Incorporation  
of**

**Sunshine Kids, Inc.**

(Name of Corporation as currently filed with the Florida Dept. of State)

\_\_\_\_\_  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
11 OCT 26 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* \_\_\_\_\_

*New Registered Office Address:* \_\_\_\_\_  
*(Florida street address)*

\_\_\_\_\_, Florida  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*



The date of each amendment(s) adoption: 10/22/2011

*(date of adoption is required)*

Effective date if applicable: 10/22/2011

*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/23/2011

Signature Matthew A. Lowell

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Matthew A. Lowell

(Typed or printed name of person signing)

President, Chief Operations Director

(Title of person signing)