N08000005019

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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SUNNY FEST CORP					
DOCUMENT NUMBE	ER: N08000005019				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Debora Chustina (Name of Contact Person)					
(Name of Contact Person)					
	SUNNY FES	T CORP Company)			
9.0.3	BOX 183	dress)			
DEERFIELD BEACH, FL, 33443 (City/ State and Zip Code)					
debora-christina abotmail com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DEBORA CHRISTII (Name of	NA Contact Person)	at (954) 3941008 (Area Code & Daytime	Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amenda	Address nent Section of Corporations x 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

SUNNY FEST CORP

ALLANASSE, OF PARISE, PROPERTY OF THE PARISE (Name of Corporation as currently filed with the Florida Dept. of State)

N08000005019

(Document Number of Corporation (if known)

breviation "Corp." or " Inc." <u>"Company</u>		"corporation" or "ind the used in the name.	corporated" or the
Enter new principal office address, if a rincipal office address MUST BE A STR			
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		P.O.BOX. Devrlield R	183 ch, FL 43
If amending the registered agent and/onew registered agent and/or the new r			iter the name of th
N CN D			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	(Flor	ida street address)	_

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	MCKEEVER,CARLA D	3391 MERRICK COURT MARGATE, FL 33063	□ Add ☑ Remove
E. If amer (attach	nding or adding additional Articles, en additional sheets, if necessary). (Be sp	nter change(s) here: pecific)	
		<u> </u>	

The date of each amendment(s) adoption: 10 07 2009
Effective date if applicable: (date of adoption is required) (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_10/07/2009
Signature Churchia (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, o
other court appointed fiduciary by that fiduciary) DEBORA B. CHRISTINA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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