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COVER LETTER

TO: Amendment Section Division of Corporations	<i>(</i> •	
NAME OF CORPORATION: Sum		COS, INC
DOCUMENT NUMBER: NOSOCO	10925	
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
MACK SAF	P	
(Nar	me of Contact Person)	
	(Firm/ Company)	
1010 EAST C	Pentral ANC, APLA	(-
	(Address)	
WEBSTER	FL 33597	
(City	// State and Zip Code)	
FSSLPres, Jentilo E-mail address: (to	e used for future annual report notificat	iion)
For further information concerning this matter,	please call:	
MACK SAPP	at (352) 32/	1-6356
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department	of State:
\$35 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)
Mailing Address	Street Address	,

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to	2010
Articles of Incorporation	AUG 3
of	ALCONE SU PA
Suntar County Broncer Foutball	Team Day
(Name of Corporation as currently filed with the Florida Dept. of Sta	
N08000010975	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Pr</i> the following amendment(s) to its Articles of Incorporation:	ofit Corporation adopts
A. If amending name enter the new name of the corporation: [rporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
<u> </u>	
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, entended new registered agent and/or the new registered office address:	er the name of the
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 position.	ot the obligations of the
Signature of New Registered Agent, if cha	noino

·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>	Name	<u>Address</u>	Type of Action
MEN)-D	RICHARD L. Howell	Brooksyle IL34	Add Remove
MeM-D	CLIFTON MCKINNON	3649 COWN 00 478 Wesster FL 3359	-
			☐ Add ☐ Remove
	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
			
	· ·	4	***************************************
			-

	$\sim 1/2/2$
The date of each amendment(s) a	doption: //2//////////////////////////////////
Effective date if applicable:	(wase of wasprion as required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s) I.
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	5/00/0 act Sopp
(By the have no	chairman or vice chairman of the board, president or other officer-if directors at been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Mack Sapp
, —	(Typed or printed name of person signing)
Vice	President
	(Title of person signing)

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