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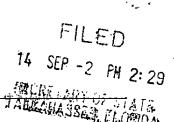
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations			
NAME OF CORPORATION: Sunshin	e Synchro Splash, Inc.		
DOCUMENT NUMBER: N1200001	0330		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
<u>-</u>	<u> </u>		
Lynn A. Lea			
	(Name of Contact Person)		
Sunshine Synchro Sp	lash, Inc.		
	(Firm/ Company)		
3108 Santa Barbara B	Blvd. Suite 105, PMB 436		
	(Address)		
Cape Coral, FL 33914	4		
	(City/ State and Zip Code)		
SunshineSynchro@gmail.com			
For further information concerning this matter, please	for future annual report notification) call:		
Lynn Lea	<sub>at (</sub> 239 <sub>)</sub> 410-2729		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



## Sunshine Synchro Splash, Inc.

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

N12000010330

(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:

N/A	Al	The ne
name musi be aistinguisnable ana contain <mark>"Company" or "Co." may not be used in</mark>		sted" or the abbreviation "Corp." or "Inc
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)	fapplicable: 318 S.E.	20th Court
	REET ADDRESS Cape Cor	al, FL 33990
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		
D. If amending the registered agent and new registered agent and/or the new		da, enter the name of the
Name of New Registered Agent:	Linda Burnside	
	318 S.E. 20th Court	
New Registered Office Address:	(Florida street address)	
New Registered Office Address:		
New Registered Office Address:	(Florida street address)	, Florida 33990 (Zip Code)
New Registered Agent's Signature, if ch	(Florida street address)  Cape Coral (City)  anging Registered Agent:	, Florida 33990 (Zip Code)
	(Florida street address)  Cape Coral (City)  anging Registered Agent:	, Florida 33990 (Zip Code)

Page 1 of 4

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	V Mil	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	Lora Rials	14500 Stringfellow Road
Add X Remove			Bokeelia, FL 33922
2) Change	P	Linda Burnside	318 S.E. 20th Court
X Add			Cape Coral, FL 33990
${X}_{Change}^{Remove}$	<u>V</u>	Diana Ehrlich	27 S.W. 17th Place
Add			Cape Coral, FL 33991
Remove 4) Change	S	Monica Baker	3512 S.W. 17th Place
X Add			Cape Coral, FL 33914
5) Change			
Add			
Remove			
6) Change	<del></del>		<u></u>
Add			
Remove			<del></del>

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
N/A	
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	<del>-</del>

	e date of each amendment(s) adoption:e this document was signed.		, if other than the
Effe	fective date <u>if applicable</u> :		
	(no more than	90 days after amendment file date)	
Ada	option of Amendment(s) (CHECK OF	<u>NE</u> )	
	The amendment(s) was/were adopted by the membe was/were sufficient for approval.	ers and the number of votes cast for the amendment(s)	
	There are no members or members entitled to vote of adopted by the board of directors.	on the amendment(s). The amendment(s) was/were	
	Dated August 27, 2014	<del></del>	
	Signature	460	
	(By the chairman or vice chairma	n of the board, president or other officer-if directors	
	have not been selected, by an inc other court appointed fiduciary b	corporator – if in the hands of a receiver, trustee, or by that fiduciary)	
	Lynn A. Lea		
	(Typed or printed na	ame of person signing)	
	Treasurer		
	(Title of	person signing)	