## N17000004676

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

April 1, 2019

CORPORATE ACCESS, INC.

SUBJECT: SUNSHINE GAME DAY INCORPORATED

Ref. Number: N17000004676

We have received your document for SUNSHINE GAME DAY INCORPORATED and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form as a printed signature is not acceptable and correct the title to read TREASURER not MEMBER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 519A00006389



March 28, 2019

CORPORATE ACCESS, INC.

SUBJECT: SUNSHINE GAME DAY INCORPORATED

Ref. Number: N17000004676

corrected

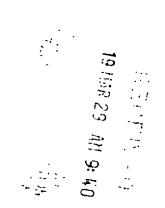
We have received your document for SUNSHINE GAME DAY INCORPORATED and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THIS IS A NON PROFIT CORPORATION ENTITY. THE INCORRECT FORM WAS SUBMITTED.

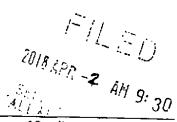
If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 819A00006156



## Articles of Amendment to Articles of Incorporation of



## SUNSHINE GAME DAY INCORPORATED

(Name of Corporati	on as currently filed with the Flor	ida Dept. of State)
N17000004676		
(Doc	ument Number of Corporation (if ki	town)
Pursuant to the provisions of section 617.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this <i>Florida Not Fol</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of t	he corporation:	
name must be distinguishable and contain the wo. "Company" or "Co." may not be used in the nar	rd "corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>	able: ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
. If amending the registered agent and/or registered agent and/or the new registered	ed onice adoress:	
Name of New Registered Agent:	Corporate Creations Network Inc.	
	11380 Prosperity Farms Road #22	IE
New Registered Office Address:	(Flor)	da street address)
	Palm Beach Gardens	33410
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changing Reserved accept the appointment as registered agent	existered Agent: 1. I am familiar with and accept the	obligations of the position.
4	Signature of New Registere	Delica Corretains

Page I 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change			
Add			
2) Change Add		<del></del>	
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

L. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
<del>-</del>	
,	

The date of each amendment(s) ado	ption:	, if other than th
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date wartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(	s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated 36	18/2019	
Signature	Marcie Myerow	<u> </u>
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator — if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
MARCIE	MYEROW	
<del></del>	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	