N18000010600

(Req	uestor's Name)	
(Add	lress)	
(Add	fress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	-
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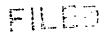
COVER LETTER

TO: Amendment Section Division of Corporations

META SUN INC.	
N18000010600	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
ANTONY T WATSON	
-	(Name of Contact Person)
META SUN INC.	
	(Firm/ Company)
478 E. ALTAMONTE DR STE. 108-760	
	(Address)
ALTAMONTE SPRINGS, FL 32701	
	(City/ State and Zip Code)
INFO@METASUNINC.ORG	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please	se call:
ANTONY T WATSON	407 227-8500 at
(Name of Contact Perso	
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	Scale
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



META SUN INC.			m b file
(Name of Corporation	as curren	tly filed with the Florida	Bept. of State)
N18000010600			
(Docur	nent Numb	er of Corporation (if know	Mich Wilmour Con Con
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	on:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)		478 E. ALTAMONTE D	R STE. 108-760
		ALTAMONTE SPRINGS, FL 32701	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		478 E. ALTAMONTE D	R STE. 108-760
		ALTAMONTE SPRINGS, FL 32701	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office a	ee address in Florida, ento ddress:	er the name of the
Name of New Registered Agent:	N/A		
	478 E. ALTAMONTE DR STE. 108-760		
<u>New Registered Office Address</u> : ALTA		(Florida	street address)
		ONTE SPRINGS	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered 11. – Lam fai	Agent: niliar with and accept the	obligations of the position.
		NIA	
-	Si	N/H ignature of New Registered	Agent, if changing

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: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
2) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
3) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
4) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
5) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
6) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
		Page 2 of 4	

(attach additional sheets, if necessary). (Be specific)	
N/A	

•	N/A	
The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date if applicable:	1/11/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ick does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) al.	•
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
Dated		
Signature	tim Westing	
	man or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court	appointed fiduciary by that fiduciary)	
ANTON	Y T WATSON	
	(Typed or printed name of person signing)	
PRESID	ENT	
 	(Title of person signing)	