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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Brandon Ray of Sunshine Incorput
DOCUMENT NUMBER: N 21 00000 2123
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jaime Scott (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
14737 Boland Ave
(Address)
Spring Hill FL 34610 (City/ State and Zip Code)
(City/ State and Zip Code)
brandon ray of sunshine @ gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaime Scott 119-373-8877
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Scertificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

Brandon Ray of Suns	shine Incorporated
(Name of Corporation as currently filed with the Florid	da Dept. of State)
N 2100000 A	X123
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statement (s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation Pay of Sunshing name must be distinguishable and contain the word "corporation" or "Co." may not be used in the name.	- 1 - lod
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u>333</u>) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AIR 3
	PM 4: 36
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered office	ce address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
/	J/ /
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ered Agent;
	NA
	Signature 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 afficer/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 John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	S	LaDureon Kindred	2206 Golden Oakli
Remove 2) Change Add	<u>S_</u>	Eric Scott	Valrico, FL 33594 14737 Boland tre
Remove 3) Remove Add Remove			SpringHill, FL 34610
4) Change Add			
Remove			_
5) Change Add			
Remove			
6) Change Add	. <u></u>		
Remove			
E. If amending or addir (attach additional shee	ng additional Art	icles, enter change(s) here; (Be specific)	
	N	11A	

MA	
The date of each amendment(s) adoption:, if other than the	he
date 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
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.	