Morida Department of State Division of Corporations Electron & Firm Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ANDERSON BUSINESS ADVISORS

Account Number : 120230000109 Phone : (800)706-4741 Fax Number : (702)664-0545

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ra@andersonadvisors.com

SECRETARY OF STATE TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUN FOUNDATION, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Sun Foundation, Inc.	
DOCUMENT NUMBER: N24000002153	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Crayton Olivieri	
(Name	of Contact Person)
Anderson Business Advisors	
	rm [/] Company)
3225 McLeod Dr, Suite 100	
<u> </u>	(Address)
Las Vegas, Nevada 89121	2024 T.
	A 70 V
	State and Zip Code) AHAR So CO Bure annual report notification)
ra@andersonadvisors.com	to the
E-mail address: (to be used for futu	are annual report notification)
For further information concerning this matter, please call:	ire annual report notification)
Crayton Olivieri	800 706-4741
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Fiorida Department of State:
(Add	75 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status itional copy is Certified Copy osed) (Additional Copy is Enclosed)
Mailing Address 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

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Articles of Amendment to Articles of Incorporation of

(Documen)	t Number of Corporation (if k	mawn)
	•	,
ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fe	or Profit Corporation adopts the following
. If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the word "c Company" or "Co," may not be used in the name.	corporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		
-		
		SE SE
		ALCR S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)	ET P
Graining address MAT Dr. A POST (FFFICE DO	<u> </u>	-
		S OF A
Library discoulding the section of t	1 667 23 232 23	
 If amending the registered agent and/or register new registered agent and/or the new registered. 		, enter the name of the
Name of New Registered Agent:		
_		
New Registered Office Address:	(I·	lorida street address)
	(City)	, Florida (Zip (ode)
	(C II,)	(24) (040)
	istered Agent:	

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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 John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	VP of Services	Joseph Glucksman	382 NE 191st St. Suite 31904 Miami, FL 33179-3899
Remove 2) Change	VP of Development	Dan Walcsky	382 NE 191st St. Suite 31904 Miami, Fl. 33179-3899
Remove 3) Change Add Remove	-		RETARY
4) Change Add			OF STAT
Remove 5) Change Add Remove		~	
6) Change Add			
E. If amending or additional she		icles, enter change(5) here: (Be specific)	

: Crayton:Olivieri - Fax: 17023578978 zusign Envelope ID; 686AE33E-062C-474B-	To: -BC5B-151237EDC611	Fax: (850) 617-6380	Page: 5 of 11 09 H2400032	/26/2024 11:11 AM 16805 3
				
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				/)
				HO.
				PAT P
				LLI.
The date of each amendment(s) add date this document was signed.	option;	<u>. </u>		, if other than the
Effective date if applicable:		s after amendment file date)		
	(no more than 90 day	s after amendment file date)		
Note: If the date inserted in this bloc document's effective date on the Dep			ents, this date will not be	e listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adwas/were sufficient for approval		the number of votes cast for t	the amendment(s)	

From: Craytom Olivieri - Fax: 17023578978 To:
Docusign Envelope ID: 6B6AE33E-062C-474B-BC5B-151237EDC611

adopted by the board of directors.

Fax: (850) 617-6380

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Dated	9/25/2024
	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Nathan Rich
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

FILED
2024 SEP 30 MH 10: 34
SECRETARY OF STATE
TALLAHASSEE, FL