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(((H25000091974 3)))



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Division of Corporations

Fax Number

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From:

Account Name : ANDERSON BUSINESS ADVISORS

Account Number : I20230000109 : (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

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 filing.		
Please return all correspondence concerning this n	natter to the following	:	
Crayton Olivieri			
	(Name of Contac	t Person)	
Anderson Business Advisors			
********	(Firm/ Comp	any)	
3225 McLeod Dr. Suite 100			
	(Address)	
Las Vegas, Nevada 89121			
	(City/ State and Z	ip Code)	· · ·
ra@andersonadvisors.com			
E-mail address: (to be	used for future annual	report notificatio	n)
For further information concerning this matter, plo	ease call:		
Crayton Olivieri		S(X)	706-4741
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Flori	da Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	_	Centif by is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Sect Division of Corp The Centre of T 2415 N. Monro	orations

Tallahassee, FL 32303

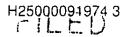
From: Crayton Olivier: Fax: +17023578978 To.

Docusign Envelope ID: E1F54C8D-78EE-48FD-9FC9-6B580724EF10

Fn +: +18506176380

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Articles of Amendment Articles of Incorporation of



2025 MAR 12 PM 12 31

Sun Foundation, Inc.		
Same of Corporation as currently filed with the Florida Dept, of	<u>of State</u>)	
N24000002153		
(Document Number of Co	Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes, this mendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts the following	
. If amending name, enter the new name of the corporation:		
	The new	
ame must be distinguishable and contain the word "corporation" or Company" or "Co." may not be used in the name.	or "incorporated" or the abbreviation "Corp." or "Inc."	
Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
 -		
. If amending the registered agent and/or registered office addr		
new registered agent and/or the new registered office address:	<u>s:</u>	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
(Ciŋ	ny) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w		
Signature	Signature of New Registered Agent, if changing	

Fax: +18506176380

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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 Doc 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 Doc, 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 Do Y Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)	<u>mə</u>	Nathan Rich	o250 North Military Frail, Saute 254 West Palm Beach, FL 33407
2) <u>x</u> Change Add	VH)	Amv Rich	6250 North Military Trail, Suite 204 West Palm Heach, FL 33407
Remove 3) × Change Add Remove	SD	Adrian Karanici	n250 North Military Treil, Suite 204 West Palm Heach, PL 33407
4) Change Add	VPOS	Joseph Glucksman	6250 North Military Trial, State 204 West Palm Beach, Ft. 33407
Remove 5)	VPOD	Dan Walesky	6250 North Military Trail, Suite 204 West Palm Brach, FL 33407
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

Crington Olivieri Fax: +17023578978 usign Erivelope ID: E1F54C8D-78EE-48FD-9F	To: C9-68580724EF10	Fax: +18506176380	Page: 5 of 11 037 H2500009	12/2025 12:01 PM 1974 3
				
·				
				
_				
				
		 		
The date of each amendment(s) adopt	ion:		·	if other than
date this document was signed.				
Effective date if applicable:				
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment file date)		
Note: If the date inserted in this block document's effective date on the Depart	loes not meet the applica			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and	the number of votes cast for t	he amendment(s)	

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opted by the bo	pard of directors.
Dated	03/11/2025
Signature	Section 1
C	(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