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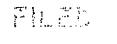
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Son-Light International, Inc.				
DOCUMENT NUMBER: P01000047089				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	David Raj			
		Name of Contact Person		
	Son-Light International, Inc.			
	<u> </u>	Firm/ Company		
	1747 Eaton Drive NE			
		Address	<u> </u>	
	Clearwater, Florida 33756			
		City/ State and Zip Code	2	
adavi	d@sonlightinternational.com			
	• •	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
David Raj		727	216-6489	
Name o	of Contact Person	Area Co) 216-6489 de & Daytime Telephone Number	
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ding Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Son-Light International, Inc.



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	SECP	RIA-WER MIXIE
	TALLA	用A^{CSF}- [11] [10]

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P01000047089	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent NA	
(Florida	street address)
New Registered Office Address: NPA	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	(City) (Zip Code)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTD	Sushila Raj	1747 Eaton Drive NE
Add			Clearwater, FL 33756
X Remove			
2) X Change	PTD	David Raj	1747 Eaton Drive NE
Add			Clearwater, FL 33756
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			·····
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If a</u> An	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
(,	N/ h
<u></u>	
	
. <u>lf a</u> pt	in amendment provides for an exchange, reclassification, or cancellation of issued shares, covisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	N/A
	/

10/01/2016	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed. 10/01/2016	
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
 ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	
action was not required.	
10/19/2016	
Dated	
Signature & among	
(By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
David Raj	
(Typed or printed name of person signing)	
VPS	
(Title of person signing)	