P0500083588

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Sunlight Recovery	y. Inc				
DOCUMENT NUM	BER: P05000082588					
The enclosed Articles	s of Amendment and fee are s	ubmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	Joan M Wallis					
		Name of Contact Perso				
	South Florida Buscinss Lawyers, P.A.					
		Firm/ Company				
	505 S. Federal Highway, Un	it 5				
		Address				
	Deerfield Beach, FI 33441					
		City/ State and Zip Cod	е			
joan(@soflabizlaw.com					
	<u>- </u>	sed for future annual report	notification)			
			nonnegation,			
For further informatio	n concerning this matter, pleas	se call:				
f 						
Joan M Wallis	<u> </u>	at (540-6244			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ritment of State:			
S35 Filing Fce	□\$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)			
Amo Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

54.50

2017 NOY 13 PH 3: 49

Sunlight Recovery, Inc		2011 11:37	10 11. 0 42
(Name of Corpo	ration as currently filed with	the Florida Dept. of State)	
P05000082588			
(De	ocument Number of Corporation	n (if known)	
Pursuant to the provisions of section 607,1006. Floits Articles of Incorporation:	orida Statutes, this <i>Florida Proj</i>	fit Carporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of th	ne corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp." "Inc." or "Co". A pro	ny," or "incorporated" or the al- fessional corporation name must c	hhraviation
B. Enter new principal office address, if application	able:	_	
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)		
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
	- .	-	
D. If amending the registered agent and/or regi	stered office address in Florid	la, enter the name of the	
new registered agent and/or the new register	red office address:	on the hame of the	
Name of New Registered Agent			
	(Florida street address)		
	(1 tortala sirver adaress)		
New Registered Office Address:	(Cir.)	, Florida	
	(City)	(Lip Co	ode)
New Registered Agent's Signature, if changing F	Registered Agent:		
hereby accept the appointment as registered agen	t. I am familiar with and accep	ot the obligations of the position.	
	·		
Si	ignature of New Registered Age	ent 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: X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add				
	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	PTD	Sherief Abu-Moustafu	505 S Federal Highway, Unit 5	
Add			Deefield Beach, FL 33441	
Remove				
2) X Change	VPD	Adel Abu-Moustafa	505 S. Federal Highway, Unit 5	
Add			Deerfield Beach, FL 33441	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
б) Change				
Add	_			
Remove				

	idditional sheets	s, if necessary).	cles, enter chang (Be specific)			
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an ame			dment if not con	tained in the ame	ndment itself:	
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<u> rovisio</u>	ot applicable, i	ndicate N/A)	SINEAL II HOC CON			

The date of each amendment(s) adoption:date this document was signed.		_, if other than the
Effective date if applicable:		
zircurc date ii applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	of meet the applicable statutory filing requirements, this data will	not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
■ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes east for the amendment(s) proval.	
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	lment(s) was/were sufficient for approval	
by	"	
(votin	ng group)	
☐ The amendment(s) was/were adopted by the be action was not required.	oard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder	
10/25/2017 Dated	// //	
Signature		
(By a director, preside selected, by an incorp appointed fiduciary b	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court y that fiduciary)	-
Sherief Abu-N	Moustafa	
(Ty	yped or printed name of person signing)	
President		
	(Title of person signing)	

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