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(((H25000320884 3)))



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Fax Number : (904)567-1066

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Empil Addros	. r	lphsinn73@yahoo.com
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COR AMND/RESTATE/CORRECT OR O/D RESIGN ECONOMY CONTROL SYSTEMS, INC.

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H25000320884 3

COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: Economy Control S	Systems, Inc.		
DOCUMENT NUM	BER: P05000090168			
	of Amendment and fee are sul	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	Kate McGuire, Esq.			
		Name of Contact Person		
	RezLegal			
		Firm/ Company		
	816 A1A North, Suite 204			
		Address		
	Ponte Vedra Beach, FL 32082	2		
		City/ State and Zip Code	:	
	ralphsinn73@yahoo.com			
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For further information	on concerning this matter, pleas	se call:		
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An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303	

To:

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Fax: +18506176380

Page: 4 of 7 09/08/2025 10:11 AM H25000320884 3

Articles of Amendment to Articles of Incorporation

2025 SEP -8 AM 10: 11

/ \$5	f C'anage and in a graph and	the Clad with the Planida Deat of Ctata)
P05000090168	i Corporation as current	tly filed with the Florida Dept. of State)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:	
Sunset 2025, Inc.		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2434 State Road 13 North
		St. Johns, Florida 32259
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 600504
		St. Johns, Florida 32260
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		
	2434 State Road 13 Nort	h
	(Florida s	treet address)
New Registered Office Address:	St. Johns	, Florida 32259
New Registered Office Address:		

Example:

To:

H25000320884 3

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>bT</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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SINN, EVELYN	2434 STATE ROAD 13 NORTH
X Add			ST. JOHNS, FL 32260
Remove		•	
2) X Change	PRES	SINN, RALPH W	2434 STATE ROAD 13 NORTH
Add			ST. JOHNS, FL 32260
Remove 3) X Change	VP	SINN, RALPH W	2434 STATE ROAD 13 NORTH
Add			ST. JOHNS, FL 32260
Remove			
4) X Change	Τ	SINN, RALPH W	2434 STATE ROAD 13 NORTH
Add			ST. JOHNS, FL 32260
Remove			-
5) X Change	S	SINN, RALPH W	2434 STATE ROAD 13 NORTH
Add			ST. JOHNS, FL 32260
Remove			
6) Change			
Add			
Remove			

To:

H25000320884 3

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)
√a
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)
n/a
ina

Fax: +19042970982

To:

H25000320884 3

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this lepartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	o (T
by	(voting group)	
Signature(By a select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	Ralph W. Sinn	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	