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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sun Coast Trust	Company, Inc.	
DOCUMENT NUM	BER:		
	v of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Mary E. Smith		
		Name of Contact Perso	n
	Sun Coast Trust Company	, Inc.	
		Firm/ Company	
	8380 Bay Pines Blvd., 3rd	Floor	
		Address	
	St. Petersburg, FL 33709		
		City/ State and Zip Cod	e
msn	nith@kronoscapital.com		
		sed for future annual report	notification)
		·	
For further information	on concerning this matter, pleas	se call:	
Mary E. Smith		at (209-2382
Name of Contact Person Area Code & Daytime Teleph		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
	lendment Section		Iment Section
	rision of Corporations D. Box 6327		on of Corporations
	lahassee FL 32314	Clifton Building 266) Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 JUN 14 AM 10: 08

Sun Coast Trust Company, Inc.

SECRETARY, STATE

(Name of Corporation	as currently filed with the Florida Depth of State)
P06000005970	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
Sun Coast Consulting Services, Inc.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·
D. If amending the registered agent and/or registered	d affice address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registerea Office Adaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
r nevery accept the appointment as registered agent. The	am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent 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 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		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S. Char			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassification idment if not contair	ed in the amendme	nt itself:	
(if not applicable, indicate N/A)				
. 4				
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				<u>-</u>

The date of each amendment(s) adoption:
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 not be listed as a document's effective date on the Department of State's records.
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.
June 13, 2018
Signature May Shift
(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 trauciary by that fiduciary)
Mary E. Smith
(Typed or printed name of person signing)
Senior Vice President

(Title of person signing)