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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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FILED 2009 MAY 13 AN IO: 28 SECRETARY OF STATE

ASR 19/09

COVER LETTER

ȚO: Amendment Section Division of Corporations

| NAME OF CORE | PORATION: SUN LIG | at PAINTING C | onp. |
|---|--|---|---|
| DOCUMENT NU | MBER: 7 06000122 | 494 | |
| The enclosed Artic | les of Amendment and fee ar | e submitted for filing. | |
| Please return all co | rrespondence concerning this | s matter to the following: | |
| | · | SON CUBAS | |
| | Na | ime of Contact Person | |
| | SUNLIGHT | PERFECT CO. Firm/Company | np. |
| | | Firm/ Company | |
| - | 14223 SW 4 | Address | |
| | | Address | |
| | MIAMI FL | 33175 U.S., y/ State and Zip Code | |
| ~ | Cit | y/ State and Zip Code | |
| | E-mail address: (to be used | for future annual report notification) | |
| For further informa | tion concerning this matter, p | lease call: | |
| ADISON | CUBAS | at (786) 247-1 | -74 |
| Name | of Contact Person | at (7 8 6) 2 4 7 - 1 \cdots Area Code & Daytime Tele | phone Number |
| Enclosed is a check | for the following amount ma | de payable to the Florida Departi | ment 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) |
| Mailing Ad Amendment Division of P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

Articles of Amendment to

Articles of Incorporation

| • | to | · E . |
|---|---|--|
| • , | Articles of Incorporation | FILED |
| • | 01 | 2000 4. |
| SUNLIG | HT PAINTING | CORP MAY 13 AMIO |
| (Name of Corporation as curr | ently filed with the Florida Dep | t. of State) JAECRETARY 411 10: 28 |
| P060001 | 22 494 mber of Corporation (if known) | 2009 MAY 13 AM 10: 28 t. of State) TALLAHASSEE, FLORIDA |
| (Document Nur | nber of Corporation (if known) | -0A10A |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 16, Florida Statutes, this <i>Florida</i> | Profit Corporation adopts the following |
| A. If amending name, enter the new name of | of the corporation: | |
| | PERFECT COR | P. The new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | the word "corporation," "come designation "Corp," "Inc," or | pany," or "incorporated" or the "Co". A professional corporation |
| B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u> | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) | | |
| D. If amending the registered agent and/or new registered agent and/or the new regi | | ida, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street address | s) |
| | | . Florida |
| | (City) | , Florida (Zip Code) |
| Now Degistered Agent's Cianature if the and | ng Dogistored Accests | |
| New Registered Agent's Signature, if changi I hereby accept the appointment as registered a | | cept the obligations of the position. |
| 12) wooder into appointment as register ou t | TOTAL A WILLY STORY OF THE STORY WAS | |
| • | | |
| • | Signature of New Pagistared Ager | nt 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:

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------------|--|---------------------------------------|-------------------------|
| <u>.</u> | . • | | |
| to the late | | - | |
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| (anach a | additional sheets, if necessary). (Be | specific) | |
| | **** | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| F. <u>If an ar</u> | mendment provides for an exchang | e, reclassification, or cancell | ation of issued shares, |
| provisio | ons for implementing the amendme | | |
| (ij n | not applicable, indicate N/A) | | |
| | | | |
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| | A Company of the Comp | . 11 2 | 1.775 |
| | | · w. # | |
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| The date of each amendment(s) adoption: $\frac{3}{25}/259$ | |
|--|-----|
| Effective date if applicable: 3 /25 / 2029 (no more than 90 days after amendment file date) | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | (s) |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| by" (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. | er |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 3/21/2029 | |
| Signature(By a director, president or other officer – if directors or officers have not been | |
| (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) | |
| ADISON CUBAS | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | ۵ |
| (Title of person signing) | • |