

PO6000129914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000156819500

Amend/NE

06/11/09--01030--023--**43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL -7 AM 9:00

Roberts JUL 08 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2009

DALEE A BROWN-ESPOSITO — 772-828-0057
SUN-SATIONAL
349 NW CURRY ST
PORT ST LUCIE, FL 34983

SUBJECT: SUN-SATIONAL BODY IMAGE, INC.
Ref. Number: P06000129914

We have received your document for SUN-SATIONAL BODY IMAGE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 409A00021018

RECEIVED
2009 JUL -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
09 JUN 19 AM 11:29

June 12, 2009

DALEE A BROWN-ESPOSITO
SUN-SATIONAL
349 NW CURRY ST
PORT ST LUCIE, FL 34983

SUBJECT: SUN-SATIONAL BODY IMAGE, INC.
Ref. Number: P06000129914

We have received your document for SUN-SATIONAL BODY IMAGE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete #D with new registered information.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 609A00020013

RECEIVED
2009 JUN 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sun-Sational Body Image Inc.

DOCUMENT NUMBER: PO6000129914

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dalee A. Brown-Esposito
Name of Contact Person

Sun-Sational
Firm/ Company

349 NW Curry ST
Address

Port Saint Lucie, FL 34983
City/ State and Zip Code

onlymedalee @ bellsouth.net
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dalee Brown-Esposito at (772) 828-0057
Name of Contact Person Area Code & 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dale Brown - Esposito

349 NW Curry ST
PSL, FL 34983

772-828-0057

Changing Corp name to

Sun-Sational Family
Care Home, Inc.

Articles of Amendment
to
Articles of Incorporation
of

Sun-Sational Body Image, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

PO6000129914

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Sun-Sational Family Care Home, Inc. ^{the new}

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Sun-Sational Family Care Home, Inc. ^{robb}

New Registered Office Address:

349 NW Curry St

(Florida street address)

Port Saint Lucie

(City)

Florida 34983

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Dalee Brown-Exposito

Signature of New Registered Agent, if changing

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL -7 AM 9:00

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Dalee Ann Brown has changed
 name - New married name is
 Dalee A. Brown - Esposito - p/owner

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 N/A)

The date of each amendment(s) adoption: 6-10-09
(date of adoption is required)
Effective date if applicable: _____
(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(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)

☐ 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.

Dated June 10, 2009

Signature Dalee Brown-Esposito
(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)

Dalee Brown-Esposito
(Typed or printed name of person signing)

President / owner
(Title of person signing)