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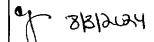
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPORATION: Suncrest Sales Co	prporation	_		
DOCUMENT	NUMBER: P07000036344		_		
The enclosed A	rticles of Amendment and fee are su	ubmitted for filing.			
Please return al	I correspondence concerning this ma	atter to the following:			
	Scott Heiler				
		Name of Contact Person			
	Suncrest Sales Corporation				
		Firm/ Company	<u>.</u>		
	7602 Congress St. Suite 4				
		Address			
	New Port Richey				
		City/ State and Zip Code			
	scott@suncrestsales.com				
	•	ised for future annual report notification)			
For further info	ormation concerning this matter, plea	ase call:			
Scott Heiler		at (727) 842-6255			
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a ch	heck for the following amount made	payable to the Florida Department of State:			
■ \$35 Filing	Fee \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

Suncrest Sales Corporation

2024 01 29 511 8:03

Suitcrest Sales Corporation	
(Name of Corpo	oration as currently filed with the Florida Dept. of State)
207000036344	
(De	Occument Number of Corporation (if known)
tursuant to the provisions of section 607.1006, Floris Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the	he corporation:
∛A	The new
	rd "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word
E-to- new national office address if applie	oobles N/A
Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>	'ADDRESS')
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	FROY) N/A
(mailing dairess MAT BE AT UST OFFICE	
 If amending the registered agent and/or registered agent and/or the new registered. 	gistered office address in Florida, enter the name of the
N/A	CITA UNICE MAGNESSI
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing	Z Registered Agent:
hereby accept the appointment as registered age	ent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
hereby accept the appointment as registered age	Signature of New Registered Agent, if changing

Check if applicable

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

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)

Example:

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>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	<u></u>	Marissa Heiler	7602 Congress Street #4
X Add			New Port Richey FL 34653
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additi	or adding addition ional sheets, if neces.	al Articles, enter ary). (Be speci	<u>change(s) here</u> ific)	;		
/A						
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7.0						
<u>If an amend</u> provisions:	ment provides for a for implementing th	<u>n exchange, recl</u> te amendment if	assification, or not contained i	cancellation of i	issued shares, nt itself:	
(if not a	pplicable, indicate l	//A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 7/22/2024	
(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, a document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	iment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
Signature (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Scott Fleiler	
(Typed or printed name of person signing)	
PSD	
(Title of person signing)	