

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : JOHN M WICKER PA Account Number : 120070000104 -: (739) 939-222Z : (239) 939-2280 Fax Number

**Enter the email address for this business entity to be used for \$1 armual report mailings. Enter only, one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN AMERICAN SUNSHINE ENTERPRISES, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

05/07/2019 14:36

COSTELLO ROYSTONZWIC PAGE 02/05

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Articles of Amendment to Articles of Incorporation

	of			
AMERICAN SUNSHINE ENTERPRIS	ES, INC.			
(Name	of Corporation as currently	filed with the Florida Dept. of State	e)	
P07000083880			-	
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation;	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the	following amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The	new
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered." "professional associa	nation "Corp." "Inc," or "C	o". A professional corporation nam	er the abbrevia ne must contain	tion the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				<u> </u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			SECR.	
D. If amending the registered agent ar new registered apent and/or the ne		ss in Florida, enter the name of the	ELANY OF S	
Name of New Registered Agent	John M. Wicker		9: 2 170 170 170 170 170 170 170 170 170 170	
	12670 New Brittany Blvd, S	uite 101	DA NO	
	(Florida streci	andress)		
New Registered Office Address:	Fort Myers	Florida Florida	33907	
	(C	iny)	(ZIp Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	ered agent. I am familiar wit	h and accept the obligations of the po	ssition,	
	Signature of New Reg	istered Agent, if changing		

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COSTELLO ROYSTON&WIC

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)

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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 curporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remeye, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John D	<u>oe</u>				
X Remove	<u>v</u>	Mike J	<u>ones</u>				
X Add	<u>\$∨</u>	Sally S	<u>mith</u>				
Type of Action (Check One)	<u>Title</u>		Name		Address		
1) Change	v		MATTHEW KLOPACK		18648 ORLANDO ROAD	_	
X Add					FORT MYERS, FL 33967	_	
Remove						-	
2)Change		_		<u> </u>		<u>-</u>	
Add							
Remove						19 MAY	
3) Change		_			TASS A	ج- ، ا	
Add						7 AH	[7]
Remove					E.S. A.S.	ب	C
4) Change					A COLUMN	?? ??	
						_	
Remove						-	
5) Change		_	<u> </u>			_	
Add						_	
Remove						-	
6) Change		_					
Add							
Remove						_	

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(Attach additional s	ding additional Articles, enter change(s) here: heats, if necessary). (Be specific)		
NONE			
			
			
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nrovisions for im	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself:		17
(if not applica	ble, indicate N/A)		
N/A	,	9. 2. STATE TORIG	-
	•	> 10	
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The date of each date this docume	र बलक्क्ष्रे गस्या र(३) गर अब्द signed.	adoption:			if other than	1 the
RMective date if	applicable:	(na	more than 90 days after so			
Note: If the dat document's effec	s inserted in this live date on the I		of the applicable common	filing requirements, this date	will not be listed as	the :
Adoption of Am	rndweni(s)	CHECK	OME)			
The amendme by the shareb	nt(s) was/were as piders was/were s	topted by the shareh sufficient for approve	olders. The manber of vo	us east for the amendment(s)		
The amendros must be supar	nt(s) was/were ep assily provided fo	proved by the share reach voting group	holders through voting green entitled to rote separately	rups. The following statement on the oriendment(s):		
"The ner			(s) was/were sufficient for	ROPICYS		
by		(waling gro				
D The amendmo extion was not	t(s) wa s/wore ed			older action and shareholder		
	it(s) was/were ed:	opted by the incorpo	rame without sinucholdea	action and shareholder		
	2010210	5-6-19 La Labo Ch irector, president or d, by an incorporator ted fiduciary by that	T → U JTL COC header of a recr	or officers have not been liver, trastee, or other count	19 MAY -7 SCURLIARY TALL AHASSET	
		ELIZABETH KLO				<u> </u>
			r printed ritino of person :	i ordina)	<u> </u>	O.
		PRESIDENT	,		22 10A	
			(Title of person signing)		
			Page 4 of 4			
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