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SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Sunshine Senior Placement & Nutrition Inc</u> DOCUMENT NUMBER: <u>P07000105468</u>	•
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Arnie Cowan	
Name of Contact Person	
Sunshine Senior Placement Nutrition Firm/ Company	
Firm/ Company	
2512 NW124 Ave	
Address	
2512 NW124 Ave Address Coral Springs, FL 33065 City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address, (to be used for future amidal report normedion)	
For further information concerning this matter, please call:	
Arnold Cowan at 954 326-0756 Name of Contact Person Area Code & Daytime Telephone Number	
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:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee. FL 32301

Articles of Amendment Articles of Incorporation

FILED

2018 AUG 20 PM 1: 01 Sunshine Senior

nt(s) to

P 07000105	468	
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation a	adopts the following amendme
A. If amending name, enter the new name of the corpora	tion:	
na		The new
name must be distinguishable and contain the word "con". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inword "chartered," "professional association," or the abbrev	c," or "Co". A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>na</u>	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	lice address in Florida, enter the na address:	ome of the
Name of New Registered Agent	Λα	
	lorida street address)	
New Registered Office Address:	na	, Florida
ter registre of the same of	(Ciŋ·)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am f	d Agent: amiliar with and accept the obligatio	ms of the position.
C:	of New Pagistayed Agent, if changing	· · · · · · · · · · · · · · · · · · ·

Signature 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)	Title	<u>Name</u>	Address
1) Change	<u>V</u>	<u>Lisa Cowon</u>	2512 NW 124 Ave Coral Springs, FL
Add			33065 TE
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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) \(\begin{align*} \chappa \lambda \)	ttach additional sheets,	if necessary). (1	Be specific)				
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> : (no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	ing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	s. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	
by	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	ction and shareholder
Dated 8-15-2018	
Signature	
(By a director, president or other officer – if directors o selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	
ARNOLD CONT	g-w
(Typed or printed name of person sign	gning)
PRESIDE T (Title of person signing)	
(Title of person signing)	

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