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SECRETARY OF STATE
TALL A MASSEE EL DUID

N.C.

C.COULLIETTE

NOV 032008

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** lechnical Solutions **DOCUMENT NUMBER** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pebble brook Oconwit For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

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

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enclosed)

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

\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment

to Articles of Incorporation

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PO 7000	1346	584		
(Document Nun	nber of Corporati	ion (ii known	<i>)</i>	* * * * * * * * * * * * * * * * * * * *
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incorp		tes, this <i>Flor</i>	ida Profit	Corporation adopts the
A. If amending name, enter the new name of	f the corporation	<u>n:</u>		_
Sunshine	Solu	tion	5.	_nc.
The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.	," or the des	ignation '	'Corp," "Inc," or
B. Enter new principal office address, if app	licable:	• • •		
(Principal office address <u>MUST BE A STREE</u>	TADDRESS)	, .		ALE 08
	• • • •		•	AR B
		· · · · · · · · · · · · · · · · · · ·		- S - C - C - C - C - C - C - C - C - C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		(THE A
				ORA
		- 1	*	9 K N
D. If amending the registered agent and/or r			lorida, ent	ter the name of the
new registered agent and/or the new regis	stereu omice auc	iress:	•,	
Name of New Registered Agent:			, f	
New Registered Office Address:	(Flori	da street add	ress)	_ `
	•			, Florida
	1	(City)		(Zip Code)
New Registered Agent's Signature, if changin	ng Registered A	gent:		
I hereby accept the appointment as registered position.			and accep	ot the obligations of the
,				•

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being temoved and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name	. <u>Add</u>	<u>iress</u>	Type of Action
				, Add
				Remove
	•.	-		□ Add
	•			Remove
			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		Add Remove
	,			
(attach addit	ional sheets, if necessary). (Be specific)		·
<u> </u>		· ·	· · · · · · · · · · · · · · · · · · ·	
				.
	. `			,
		<u> </u>		
F. If an amen provisions	dment provides for an excha for implementing the amend	nge, reclassifica ment if not con	ition, or cancellation of tained in the amendmer	<u>issued shares,</u> it itself:
(if not a	pplicable, indicate N/A)			
				<u> </u>
			31,	
*****		· · · · · · · · · · · · · · · · · · ·		
	•			

The date of each amendment	(s) adoption:	1 ct	8,	2008	<u>3 · </u>	
Effective date <u>if applicable</u> :	Oct	18: 2	008	· ·		
 	(no more than 90 day	s after amendm	ent file d	ate)		
				. ,	•	•
Adoption of Amendment(s)	(CHECK	(ONE)		•		
The amendment(s) was/wer by the shareholders was/we			umber of	votes cast fo	r the amend	nent(s)
The amendment(s) was/wer must be separately provided						
"The number of votes	cast for the amendmen	t(s) was/were su	ufficient f	or approval		
by			. ,,	. ,	•	
	(voting group)		•		•	
The amendment(s) was/wer action was not required.	e adopted by the board	d of directors w	ithout sha	reholder acti	on and share	holder
The amendment(s) was/wer action was not required.	re adopted by the incor	porators withou	it shareho	lder action a	nd sharehold	ler
Dated	ict 18, 2	008				
Signature	B. C.	Lhadva		•		•
selec	a director, president of cted, by an incorporate binted fiduciary by that	or – if in the han				
	BIJAI	CH)	1AD	VA		
	(Typed or	r printed name o	of person	signing)	•	
	PRE	ESIDEN	IT	·		
	(Ti	tle of person sig	ning)			