P10000008761

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SECRETARY OF STATE

TAIL AHASSEE, FL

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COVER LETTER

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TO: Amendment Section - 🦠

Division of Corporations

SUNLIGHT OF FLORIDA NAME OF CORPORATION: _____ P10000008761 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAIKEL TORRES Name of Contact Person Firm/ Company 641 SW 99TH PL Address MIAMI, FL 33174 City/ State and Zip Code AGENTMAIKEL@YAHOO.COM E-mail address: (to be used for future annual report restification) For further information concerning this matter, please call: at (786) 263-8843
Area Cod: & Daytime Telephone Number MAIKEL TORRES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **☎\$**43.75 Filing Fee & □\$43.75 Fiting Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Ex-cutive Center Circle

Tallahastee, FL 32301

Articles of Amendment to Articles of Incorporat.or. of

SUNLIGH	IT OF FLORIDA, CORP	
(Name of Corporation as	currently filed with the Florida Dept. of State)	
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutts Articles of Incorporation:	utes, this Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation	ation:	
MY BEST INSURANCE, CORP		The new
name must be distinguishable and contain the word "co". "Corp.," "Inc.," or Co.," or the designation "Corp," "h word "chartered," "professional association," or the abbre	nc," or "Co". A professional corporation name mus	abbreviation
B. Enter new principal office address, if applicable:	2750 SNV 87TH AVE, SUITE 202	
(Principal office address MUST BE A STREET ADDRES.	MIAM!, FL 33165	
		2018
C. Enter new mailing address, if applicable:	641 SV/ 99TH PL 43	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MIAMI, FL 33174	- M
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the	ri 2
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent		_
	Florida street address)	_
New Registered Office Address:	. Florida	
Hen hegistelet vyhtee hun ess.		p Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position	1.
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 Doc		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) Change		_		
Add			1 pt	
Remove			NA -	
2) Change				
Add				
Remove			<i></i>	
3) Change				
Add		\ ` \		
Remove				
4) Change		_ \		
Add				
Remove				
7 Change				
Add				
Remove				
Chama				
Change		-		
Add				
Remove				

amending or adding additi attack additional sheets, if neo	cessary). (Be spec	ific)		
- · - · -				••
				
	 			
				
				
				
an amendment provides for provisions for implementing				ires,
(if not applicable, indica		to contained in th	e amenament itsen.	
				
	 			
 				
				
	 			

The date of each amendment(s) adoption late this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after .m endment file date)	
	(no more than 90 days after an endment file date)	
Note: If the date inserted in this block dedocument's effective date on the Departme	loes not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted b action was not required.	by the board of directors without sharel older action and shareholder	
☐ The amendment(s) was/were adopted b action was not required.	by the incorporators without shareholder action and shareholder	
Dated08/29/2018		
Signature		
(By a director selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
	MAIKEL TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	