## P110000008476

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Special Instructions to	Filing Officer:	
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L. Lewis

## COVER LETTER

**TO:** Amendment Section Division of Corporations

	SUNSET T SER: P11000008476		IGATIONS, INC.		
The enclosed Articles	of Amendment and fee are sub	omitted for filing,			
Please return all corres	pondence concerning this matt	er to the following:			
	MARY PETERS				
	Name of Contact Person  SUNSET TRACE INVESTIGATIONS, INC.				
	3600 SW SÜNSE	Firm/ Company	u =		
	3000 244 20142E	Address	<u>'LE</u>		
	PALM CITY, FL 3				
		City/ State and Zip Code	2		
ВО	N915@MSN.COM	1			
	E-mail address: (to be use	ed for future annual report	notification)		
For further information	concerning this matter, please	e call:			
MARY PETE	RS	at ( 917	796-6375		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

## SUNSET TRACE INVESTIGATIONS, INC.

14 NOV 10 AM 11:53

to

P11000008476	rida Dept. of State)	
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation ado	pts the following amendment(s
A. If amending name, enter the new name of the corporation:		
SUNSET TRACE PARTNERS, INC.		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	'o". A professional corporat	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the nam	e of the
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	of the position.

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 <math>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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	KELLY PETERS	3600 SW SUNSET
Add			TRACE CIRCLE
Remove			PALM CITY, FL 34990
2. [ ] cl			
2) Change			<del>- · · - · - · - · - · · - · · · · · · ·</del>
Add			
Remove			
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Remove			
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If an amendment prov provisions for implen (if not applicable.	nenting the ame	nange, reclassific endment if not co	eation, or can ontained in th	<u>e amendme</u>	issued share 11 itself:	<u>s,</u>
provisions for implen	nenting the ame	nange, reclassific endment if not co	ation, or can ontained in th	cellation of e amendme	issued share it itself:	<u>S</u> ,
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provisions for implen	nenting the ame	nange, reclassific	ation, or can	e amendme	issued share	<u>S</u> ,

The date of each amendment(s) adoption:date this document was signed.	FILLED SECRETARY OF STATE DIVISION OF CURPORATIONS	, if other than the
Effective date if applicable:	14 NOV 10 AMII: 53  nore than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK C	<u>DNE</u> )	
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	olders. The number of votes cast for the amendment(s) al.	
The amendment(s) was/were approved by the sharel must be separately provided for each voting group	nolders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	(s) was/were sufficient for approval	
by	.,,	
(voting gro	нр)	
The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholder	
Dated_ October	312014	
Signature	This	
(By a director, president)	r other officer – if directors or officers have not been	
selected, by an incorporate appointed fiduciary by the	or – if in the hands of a receiver, trustee, or other court u fiduciary)	
MARY PETER	RS	
	(Typed or printed name of person signing)	· <del>· · · ·</del>
PRESIDENT		
	(Title of person signing)	