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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNRISE RESEARCH INSTITUTE INC

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation

| SUNRISE RESEARCH INSTITUTE INC (Name of Corporation as currenth | | | | | |
|--|-----------------------------|---------------------------|--------------------------|-------------------------|--------|
| (Name of Corporation as currently | | | | | |
| P13000009046 | filed with the Florids D | ept. of Stat | <u>e</u>) | | |
| (Document Number of | Corporation (if known) | | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation: | Florida Profit Corporation | adopts the | following | amendmo | :nt(s) |
| A. If amending name, enter the new name of the corporation: N/A | | | | | |
| nama must be distilluible to | | | | The new | |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F | "o" A professional acres | porated" o pration nan | er the abb ne must co | reviation Intain the | |
| B. Enter new principal office address, if applicable: | 12781 SW 42 ST | | | 20 <i>1</i> | |
| (Principal office address MUST BE A STREET ADDRESS) | SUITE | | | 308 | ŧ |
| | MIAMI, FL 33175 | | | 2-3 | ٠, |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 12781 SW 42 ST | | | PH 2 | , |
| | SUITE I | | 7 | | ٠٠ |
| | MIAMI, FL 33175 | | | | |
| D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address: | ss in Florida, enter the na | ıme of the | | | |
| Name of New Registered Agent | | | | | |
| 8855 NW 146 LN | | | | | |
| (Florida stree | i address) | | | | |
| New Registered Office Address: | | _, Florida_ | 3018 | | |
| | City) | | (Zip Cod | la i | |

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 | PI | 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> | <u>Addres</u> s |
| 1) Change | VP | OTTO ELCORO | 621 NW 34TH AVE |
| Add X Remove | | | MIAMI, FL 33125 |
| 2) X Change | Р | EZEQUIEL SOCORRO | 8855 NW 146 i_N |
| Add | | | HIALEAH, FL 33018 |
| Remove | | | |
| 3) Change | P | YULIEN DIAZ | 621 NW 34TH AVE |
| Add | | | MIAMI, FL 33125 |
| X Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Келюче | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| LAZARUS | CORPORATE | PAGE | 04/05 |
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| (Attach additional sheets, if necessary). VA | (Do specific) |
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| The date of each amendment(s) ad | option: if other than |
|---|--|
| date this document was signed. | |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bit document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adop by the shareholders was/were suff | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. |
| ☐ The amendment(s) was/were appr must be separately provided for e | oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| | or the amendment(s) was/were sufficient for approval |
| by | <u> </u> |
| | (voting group) |
| | 3 B |
| | ted by the board of directors without shareholder action and shareholder |
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