P13000357604

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT - 7 2013 T. CARTER

COVER LETTER

Division of Corporations NAME OF CORPORATION: EWS SUNSITUE GROUP INC DOCUMENT NUMBER: P13000035604 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT J SANDERS Name of Contact Person EWS SUNSHIME GROUP THE Firm/ Company 732 NIGLIONS DRIVE MECROURNE, FC 32940

City/ State and Zip Code DONZI ZZ 87 D YAHOO, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (32) C2C-5664

Area Code & Daytime Telephone Number ROBERT J SANDERS Name of Contact Person

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

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

\$35 Filing Fee

TO: Amendment Section

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

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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 of

FILED SECRETARY OF STATE TALLAMASSES FLORIDA

E C. C	COOLD TIC		13 SEP 27	AM 11: 34
(Name of Corporation as c		orida Dept. of State)	.	
•		•		
P \ 3 0000 3	Number of Corporation (if	known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	·		opts the following a	mendment(s) to
A. If amending name, enter the new nam	ne of the corporation:			
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or "C	Co". A professional corpora	rated" or the abb	he new reviation ntain the
B. Enter new principal office address, if (Principal office address MUST BE A STI				
· · · · · · · · · · · · · · · · · · ·	· · · · · · ·			
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of	able: FFICE BOX)			
D. If amending the registered agent and new registered agent and/or the new			ne of the	
Name of New Registered Agent	FOWND W	SANDFAS		
Name of New Registered Agent	732 NICKU	et address)		
New Registered Office Address:			3 Z 9 40 (Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register Call.	anging Registered Agent: red agent. I, am familiar w	ith and accept the obligations	s of the position.	
Sign	nature of New Registered A	gent, 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 <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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	7	ROBERT J SANDERS	732 MEGRANS DR
Add			MELBOURNE, Tr 32940
Remove			
2) Change	UP	MARTE FSANDERS	732 NICKUAUS DR
Add			MELBOURNE, FT 32940
Remove			
3) Change	2	FOWARD W SANDERS	732 NICHURUS DR
X Add			MERCUPAR, FL32940
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			****
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	enum er
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

date this document was	signed.
Effective date if applic	able:
	(no more than 90 days after amendment file date)
Adoption of Amendme	nt(s) (<u>CHECK ONE</u>)
	vas/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	vas/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number of	f votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	vas/were adopted by the board of directors without shareholder action and shareholder
The amendment(s) v action was not require	vas/were adopted by the incorporators without shareholder action and shareholder red.
Dated	9/25/13
Signa	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)