P130000 58818

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500266028425

11/03/14--01013--023 **52.50

#11 = 1 PH 2: 27

NOV 13 2013 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: SUNSHINE State Coating, tuc. DOCUMENT NUMBER: P130000 58818	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person Substitute State Coating, Inc. Firm/ Company 11245 South Online Blosson That. Address Address City/ State and Zip Code Substitute state Coating a Outlook. Com E-mail address: (to be used for fathere annual report notification)	 Suite 301
For further information concerning this matter, please call:	
Maria P. Cater Name of Contact Person at (407) 933 8002 Area Code & Daytime Telephone N	umber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

Articles of Amendment

to Articles of Incorporation

the day the first

to

	of	I done have been	
SUNSHEND	state Contine 7	_NC度NOV -3 PM 2:27	
(Name of Corporation as cur	rrently filed with the Florida Dept. of	State). State of the second res	
D 130	1000 58818	TOTAL	
(Document N	umber of Corporation (if known)	- Self & Experience of Secretary of the English region of a consumer	
(Bottiment 14	under of corporation (if known)	فعي .	
ursuant to the provisions of section 607.100 s Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amend	dmen
If amending name, enter the new name	of the corporation:		
		The i	new
ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designatio ord "chartered," "professional association	on "Corp," "Inc," or "Co". A profes		
s. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>			
. Enter new mailing address, if applicab			
(Mailing address <u>MAY BE A POST OF)</u>	FICE BOX)		
. If amending the registered agent and/onew registered agent and/or the new re		enter the name of the	
Name of New Registered Agent			
_	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if chan		the obligations of the position	
hereby accept the appointment as registered	ı ageni 1 am jamınar wiin ana accept	ine oougations of the position.	
Signai	ture of New Registered Agent, if changi	ng	

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	PT John I	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One) 1) Change	Title CFO	Name Serina Dennis	Address 111 E. Monument Ave
Add Remove			Suite #322 Vissinner, FL 3474
2) Change Add Remove			
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding a ttach additional sheets,						

						· .
				•		
						<u> </u>
						· · ·
an amendment provi						
rovisions for impleme (if not applicable, i		<u>enamen</u>	i ii not contaii	iea in th	e amendment it:	seit:
(9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
incilation	Of ISSI	<u>sed</u>	shares	_to_	Serina	DENNIS
	1					
					· · · ·	
						·
			<u> </u>		described.	• • • • • •

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 9) days after amendment file date)	, if other than the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/28/2014	
Signature (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)	_