## P13000058818

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Quand

## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SUNSHINE STAT	TE COATING, INC.	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMI	P13000058818		· .	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MICKEL CASTRO			
	• • • • • • • • • • • • • • • • • • • •	Name of Contact Person	π	
	SUNSHINE STATE COATI	NG, INC		
		Firm/ Company		
	1022 West Michigan Street			
		Address		
	Orlando, Florida 32805			
		City/ State and Zip Cod	e	
mieke	tkwssc-paint.com			
		sed for future annual report	notification)	
		·		
For further information	t concerning this matter, pleas	se call:		
Mickel Castro		407 at (	780-8883	
Name (	of Contact Person	at (407 ) 780-8883  Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SUNSHIN	JE STA	TF COA	TING	INC

	of Corporation as currently	iled with the Florida Dept. of State)	
P13000058818			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this FI	orida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered" "professional associa	nation "Corp." "Inc." or "Co	" "company," or "incorporated" or the o". A professional corporation name mu.	The new abbreviation st contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent ar		s in Florida, enter the name of the	
new registered agent and/or the ne	w registered office address: MICKEL BRIEN CASTRO		17
Name of New Registered Agent			<del>-</del> : · · ·
	1022 WEST MICHIGAN ST	REET	<u> </u>
	(Florida street	address)	
New Registered Office Address:	ORLANDO, FLORIDA	32805 , Florida	
	(C	ity) /Zı	ip Code) 😤 💢
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agent: ered agent. I am familiar wit	h and accept the obligations of the position	in the second se
	Signature of New Reo	istored 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	VP	CARLOS CASTRO	1022 WEST MICHIGAN STREET
Add			ORLANDO FLORIDA 32805
X Remove			
2) Change			
Add			
Remove			-
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if no	rcessary). (Be specific,	ı		
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. If an amendment provides for	he an arabanaa madaca	Gantian an assaulta	i <b>f</b> i <b>j k</b>	
provisions for implementin	g the amendment if not	contained in the am	endment itself:	
(if not applicable, indice	ite N/A)			
	· <u>-</u> -	<del></del>	<del></del>	
			12	

The date of each amendment(s	5 15/2017 adoption:	, if other than th
date this document was signed.	, ,	it other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	ite will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(se sufficient for approval.	s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The fallowing stateme for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for anoroval	
—————————————————————————————————————	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
5/15/20 Dated	17	
Signature	Like 3 Cartin	
(By sele	a director, president or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other courointed fiduciary by that fiduciary)	
	MICKEL B. CASTRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>