# P13000095935

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## **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION: Sinkorswin Thu.  DOCUMENT NUMBER: P130000 95975					
DOCUMENT NUMBER: P130000 95975					
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  Sinkershim Inc  Firm/ Company  3855 East 5: lvcr Springs Blvd  Address  Ocal 4 FL 34470  City/ State and Zip Code  John 1055 1955 & Jahuo. Com  Femail address: (to be used for fiftire appual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person  at (351) 209-1099  Area Code & Daytime Telephone Number					
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## **Mailing Address**

TO: Amendment Section

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment

	to Articles of Incom	poration	FILED	
Sinkarswim	The		un 21 Pl	A 2: 52
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)	MIN JULE TAKE U	FLORIDA
(Document Number of	of Corporation (if h	mourn)	TALLAU ASSE	°
		•	<b>2</b>	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this FI	orida Projit Corporati	on adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Ce	o". A professional coi	corporated" or the rporation name mus	The new abbreviation st contain the
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	<u>le:</u> DDRESS)	3855 Ea	st Silver FL 3447	Springs Blu O
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X</u> )	3855 Ens Ocala p	t 5:10cr	Springs Bl
D. If amending the registered agent and/or regist new registered agent and/or the new registered		s in Florida, enter the	name of the	_
Name of New Registered Agent				
•	S East 3 (Florida street ala (City)	Silver Sp address) , Flo	_	10d. <u>1</u> 0

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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.

Mike Jones, V as Remo Example:	ve, and Sa	lly Smith, SV as an Add.	
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>	Name	Address Change Officers address 3855 E. Silver Springs Blue
1) Change			3855 E. Silver Springs Blue
Add Remove			Ocala, FL 34470
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change (Be specific)	to mere.		
		<u> </u>		
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		·····	<u> </u>	
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				<del></del> -
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If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificat endment if not cont	ion, or cancellatio ained in the amen	n of issued shares, dment itself:	
,				
,				
,				
·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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	
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)	
Tohn Ross (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	