P14000047709

(Re	equestor's Name)		
(Ac	idress)		
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SECREMAY OF STATE
OIVISION OF CORPORATION

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2014

JAMES L. JONES III / NUMBER ONE SUN INC 5413 THOMAS DR. PANAMA CITY BEACH, FL 32408 US

SUBJECT: NUMBER ONE SUN INC

Ref. Number: P14000047709

We have received your document for NUMBER ONE SUN INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

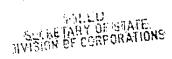
Letter Number: 514A00021584

COVER LETTER

TO: Amendment Section

. Division of Corpo	orations		,	
NAME OF CORPOR	RATION: NumB	er One Si	un INC	
DOCUMENT NUME	BER: <i>P14000</i>	047709		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	•	
Please return all corres	spondence concerning this ma	tter to the following:		
	James	L Jone	8///	
	Number	Name of Contact Person	INC	
	54135.th	Firm/ Company		
	PANAMA	Gity Bla	ch, FL 3240	- 18
		City/ State and Zip Code	е	
	ames Ljone	s3@hotmA	16. com	
V	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
James	loace	850	628-529	2
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Num	
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)	
	ling Address endment Section		Address Iment Section	
Divi	sion of Corporations	Divisio	on of Corporations	d. 797
= : = :	Box 6327 ahassee, FL 32314	2661 E	Building xecutive Center Circle assee, FL 32301	ad . D97
			-70-	<i>,</i>
* ·			850	
	•			

Articles of Amendment to Articles of Incorporation of



NUMBER ONE SUN INC

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(Name of Corporation as currently filed with the F	lorida Dept. of State)
P14000047709	,
(Document Number of Corporation (in	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5413 SOUTH THOMAS DR.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	PANAMA CITY BCH FL. 32408
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5413 SOUTH THOMAS DR.
	PANAMA CITY BCH, FL. 32408
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent Name of New Registered Agent	_
5413 S. THOMA	AS DR.
(Florida stre	•
New Registered Office Address: PANAMA CITY	BCH, Florida 32408
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar y	
7700	
Signature of New Registered A	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:	re, unici bu	ny omin, or ar in riae.	
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)	Title	Name	Address
1) Change	ρ	James Joves III	5413 South thomas di PANAMA City Buch, FL
Add Remove	•		PANAMA Gity Black, FL 32408
2) Change	p	Volodymy TAMAROV	
Add			
Remove			1529 Holley Gir PANAMA Tiny FL, 32408
3) Change	·		
Add			
Remove			
4) Change			*F*****
Add			
Remove			
5) Change			
Add			
Remove			
. 🗀			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

•	. (Be specific) V/A	
		
		•
		
	•	
1 amendment provides for an exc	hange, reclassification, or cancellation of issued sh	iares,
visions for implementing the ame	change, reclassification, or cancellation of issued shendment if not contained in the amendment itself:	iares,
n amendment provides for an excovisions for implementing the amount of the applicable, indicate N/A)	hange, reclassification, or cancellation of issued stendment if not contained in the amendment itself:	i <u>ares,</u>
ovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued siendment if not contained in the amendment itself:	ares,
<u>visions for implementing the am</u>	hange, reclassification, or cancellation of issued stendment if not contained in the amendment itself:	nares,
ovisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued stendment if not contained in the amendment itself:	nares,
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ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	ares,

SCHOOL OF STAFF

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The date of each amendment(s) ac date this document was signed.	option:	, it other than th
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of voics cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
action was not required.	poor by the most potators without and shall shal	
Dated 10. C	09.14	
Signature(By a di	rector, president or other officer - if directors or officers have not been	_
selected	f, by an incorporator — if in the hands of a receiver, trustee, or other bourt ed fiduciary by that fiduciary)	
•	Volodymyr TAMAROVYCh	· · .
	Volodymyr TAMA POVYCh (Typed or printed name of person signing) President	
•	(Title of person signing)	