## Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNSHINE STATE SERVICES RJ. INC.

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OCT 29 2014

C. CARROTHERS

10/27/2014

TO: Amendment Section

## **COVER LETTER**

Division of Corpo	rations		
NAME OF CORPOR	ATION: Sunshine State S	Services RJ. Inc.	,
DOCUMENT NUMB	ER: P14000084675		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CheyenneMoseley		
•		Name of Contact Person	1
	LegalZoom.com, Inc.		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	100 W. Broadway Suite 10	00	
		Address	
	Glendale, CA 91210		
		City/ State and Zip Cod	e
recru	iters4u@hotmail.com		
<u></u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Cheyenne Moseley		at (323	962-8600 ext 7950
Name o	f Contact Person	Area Co	) 962-8600 ext 7950 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Starus	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

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14 OCT 28 AM 10: 34

SUNSHINESTATESERVICESRJ.INC.

SECRETARI DE MATE TAGAMESCELFLOMBA.

			<u> </u>	かじょし くかばか
(Name of Corporation as currently	y filed with the Florida Dept.	of State)	al mad the cool	កលើឯកការសំនិន
	P14000084675	-		
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	rida Statutes, this <i>Florida Prof</i> i	it Corporation ad	opts the following	amendment(s) t
A. If amending name, enter the new name of the	corporation:			
				The new
nume must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A proj			
B. Enter new principal office address, if applica				
Principal office address <u>MUST BE A STREET A</u>	DDRESS )			,
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE	BOX)			
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florid ed office address:	la, enter the nam	e of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida_		
-	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I				
I hereby accept the appointment as registered agen	i. I am familiar with and acce	pt the obligations	of the position.	
C.	(N D J 4 :F - J			
Signature oj	fNew Registered Agent, if chan	ging		

Example:

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 Sully Smith, SV as an Add.

X Change	<u>PT</u> J	ohn Doe	
X Remove	<u>V</u>	Mike Jones	•
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTSD	CheyenneMoseley	1852MonteVistaStreet
Add			Fort Myers, FL 33901
Remove			
2) Change	PTSD	Thomas Stuart	1852 Monte Vista Street
Add			Fort Myers, FL 33901
Remove			
3) Change			
Add			
Remove			والمنافعة والمنا
4) Change	<del> </del>	***************************************	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<u> </u>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adopt	tion; 10/24/2014	_, if other than the
date this document was signed.		_
Effective date if applicable:		
	(no mors dum 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes east for the amendment(s) lent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) wes/were adopted sotion was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated/0/-	27/14 Da G1/2	
Signature	100m (()	_
	for, president or other officer - if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Thomas Stuart	
_	(Typed or printed name of person signing)	
	President	_
	(Title of person signing)	