## P140000999157

 $A_{i}X_{i}$ 

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(City/State/Zip/Phone #)						
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in the interest of the interes



COVER LETTER

TO: Amendment Section of Corporation of Corporation (Corporation)					
NAME OF CORPOR	ATION: Sunstate Client Ser	rvices Inc			
DOCUMENT NUME			<u> </u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the followin	្ស ខ្មេ:		
	Carlos Cukier				
	Sunstate Client Services Inc	Name of Conta	ct Person		
		Firm/ Com	nany		
	725 W SR 434 Ste G	T TOTAL COLL	pany		
		Addres	s		
	Longwood, FL 32750				
	City/ State and Zip Code				
	Cynthia@qmgfl.com				
	E-mail address: (to be us	sed for future annua	al report no	tification)	
For further information	concerning this matter, pleas	se call:			
Carlos Cukier		at (	,	427-3758	
Name o	f Contact Person		Area Code	& Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flor	rida Departr	nent of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenclosed)	y	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314		Division of The Cent 2415 N. I	dress ont Section of Corporations re of Tallahassee Monroe Street, Suite 810 re, FL 32303	

## Articles of Amendment to Articles of Incorporation of



Sunstate Client Services, Inc

(Name of Corporation as currently filed with the Florida Dept. of State) P14000099157 (Document Number of dorporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Cvnthia Cataldo Name of New Registered Agent 705 Lakeside Dr (Florida street address) Winter Spring New Registered Office Address: (City 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 Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO = President, Treasurer, Di Changes should be noted	and/or l , if neces, rector tit Presiden = Chief F rector wo l in the fo wes the c	Director being added: sury) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= linancial Officer. If an officer/directoral be PTD. llowing manner. Currently John Doverporation, Sally Smith is named the	of each officer/director being removed and title, name, and Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief holds more than one title, list the first letter of each office held is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,
X_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>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change		_	<u> </u>
Add			
Remove			
6) Change	-		
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here	
(Attach additional sheets, if necessary). (Be specific)	
	Ì
F. If an amendment provides for an exchange, reclassification, or o	cancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
(у тя иррисияе, тисие тА)	
	1
<del>-</del>	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 day	after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through values to be separately provided for each voting group entitled to vote so	
"The number of votes cast for the amendment(s) was/were suff	l ficient for approval
by Owner - President (voting group)	."
Dated	
Signature  (By a director, president of other officer—if selected, by an incorporator—if in the hand appointed fiduciary by that fiduciary)	
(Typed or printed name)	
Preside	
(Title of person signing)	