P150000 18612

| (Re | equestor's Name) | | | |
|-------------------------|--------------------|-------------|--|--|
| (Ac | ldress) | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





300271968043

04/21/15--01032--013 **43.75

SECRETARY OF STATE ON STORY OF CORPORATIONS

Amundice 10 4.28.15

COVER LETTER

TO: Amendment Section

Amendment Section

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

| ' Division of Corporations |
|--|
| NAME OF CORPORATION: SHINE TIME EVENT PLANNERS INC DOCUMENT NUMBER: P150000 18612 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MIWA NEMAT Name of Contact Person SHINE TIME Firm/ Company 5520 PGA BLUD #100 Address Palm BRACH GANDENS F1 33418 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| M(NA NEMAT at (954) 401 910 4 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing Address Street Address |

Amendment Section

Tallahassee, FL 32301

Division of Corporations Clifton Building 2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of



SHINE TIME EVENT PLANNERS INC

| (Name of Corporation as currently filed with the | Florida Dept. of State) |
|--|--|
| P15000018612 | |
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | SHOPPES AT PGA WEST |
| (Principal office address MUST BE A STREET ADDRESS) | 5520 PGA BLVD #100 |
| | PALM BEACH GARDENS.FL33418 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SHOPPER AT PGA WEST |
| | 5520 PGA BLVD #100 |
| | PALM BEACH GARDENS,FL 33418 |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses. | ldress in Florida, enter the name of the |
| Name of New Registered Agent | |
| (Florida | street address) |
| New Registered Office Address: | , Florida |
| (Cit | ty) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia. | |
| vey aboupt the appointment as registered agent. I am juminu. | она иссерь не обиданова ој те розноп. |

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.

| Example: X Change | <u>PT</u> | <u>John Doe</u> | |
|----------------------------|--------------|-----------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| <u>X</u> Add . | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | · |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | , | | , |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| O) Change | | | |
| Remove | | | |
| i i kemove | | | |

| f amending or adding additional Artic Attach additional sheets, if necessary). | (Be specific) | , | | |
|---|---------------------|---------------------|---------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | <u></u> | | | |
| | | | | |
| | | M4 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| | | , | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| f an amendment provides for an exch | ange reclassificati | on, or cancellation | of issued shares. | |
| provisions for implementing the amer | ndment if not cont | ined in the amend | ment itself: | |
| | | | | |
| (if not applicable, indicate N/A) | | | • | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | • · | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |

| The date of each amendment(s) adoption: APRIL 17,2015 | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: APRIL 17,2015 | |
| (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_APRIL 17,2015 | |
| Signature Mine Wenney | |
| (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) | |
| MINA NEMAT | _ |
| (Typed or printed name of person signing) | |
| President | <u> </u> |
| (Title of person signing) | |