## P15000038652

	(Requestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SONIC INSURRED	CTION, INC.		
DOCUMENT NUMBER: P15000038652				
	f Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
J	OEL KLINE			
<del>-</del>		Name of Contact Person		
_		Firm/ Company		
:	3200 PORT ROYALE DR. N	1. #704		
_		Address		
1	FT. LAUDERDALE, FL 333	08		
_		City/ State and Zip Code		
kline.le	eon@gmail.com			
		ed for future annual report	notification)	
			,	
For further information	concerning this matter, pleas	e call:		
LEON KLINE		at (	271-3076 de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JUN 18 PM 1: 32

SONIC INSURRECTION, INC.

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P15000038652	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
SONIC RESURRECTION, INC.	The new
name must be distinguishable and contain the word "Corp.," "Inc" or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation 'Inc," or "Co". A professional corporation name must contain the previation "P.A."
	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
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 offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I are	n jammar with and accept the obligations of the position.
Signatu	re 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>	John Doe	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	<u>1es</u>	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	<del></del>	<del></del>	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		·		
Add				
Remove				
6) Change				
Add				
Remove				

F. If amending or adding additional A (Attach additional sheets, if necessary	rticles, enter change(s) here: ). (Be specific)	
N/A	(	
E. If an amandment provides for an a	change, reclassification, or cancellation of issued	l charac
provisions for implementing the ar	nendment if not contained in the amendment itse	elf:
(if not applicable, indicate N/A)		
N/A	······································	
PROTEIN AND A STATE OF THE STAT		
****		

	JUNE 15, 2015		
The date of each amendment(s)	adoption:	Fit.[if]	other than the
date this document was signed.	•	SECRETARY C	JE STALL IDABATINS
	JNE 15, 2015	DIAISIAN OF COM	II GRALIOILI
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 JUN 18 F	PM 1: 33
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not b	oe listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)	
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment		
	st for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
action was not required.	dopted by the board of directors without shareholder action and sha dopted by the incorporators without shareholder action and shareho		
action was not required.	dopted by the meorporators without shareholder action and sharehold		
JUNE 15 Dated Signature	Lean Cline		
selec	a director, president or other officer – if directors or officers have not sted, by an incorporator – if in the hands of a receiver, trustee, or other sinted fiduciary by that fiduciary)		
	LEON KLINE		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		<del></del>