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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: SUMM	y Day Group Home Inc.	
DOCUMENT NUMBER: P1500	0057818	-
The enclosed Articles of Amendment and fee ar	re submitted for filing.	May 1
Please return all correspondence concerning this	gradien in the following.	
r lease return an correspondence concerning uns	s matter to the following.	e de la companya de
Làys	ss Cordova	<u>.</u>
T	Name of Contact Person	
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E-mail address: (to b	be used for future annual report notification)	r Programme i November 1988
	the state of the s	* * * · · ·
For further information concerning this matter, p	please call:	• •
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Layss Grdovon	at (786) 333-7651	
Name of Contact Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	and the state of
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Certificate of Statu		
	(Additional copy is Certified Copy enclosed) (Additional Copy	
. Asaltis is to find the first	is enclosed)	4.2
Mailing Address	, Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	•

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation

to Articles of Incorporation
of
Sunny Day Group Home Flore
(Name of Corporation as currently filed with the Florida Dept. of State)
P15000057818
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
FUN Flop Co. The new
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)
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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:
Name of New Product Assure
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
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

1					,	
If amending the Offic address of each Offic (Attach additional she	er and/or Director	being added:	d name of each office	r/director being rem	oved and title, na	me, and
Please note the officer				, .		
P = President; V= Vi Executive Officer; CF held. President, Treas	ce President; T= Tr O = Chief Financia	reasurer; S= Secretar; al Officer. If an office	y; D= Director; TR= er/director holds more	than one title, list th	an or Clerk; CEO e first letter of eac	= Chief ch office
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f an amendment nr	rovides for an excha	inge, reclassification, or cancellation of issued sl	
provisions for impl	lementing the amen	dment if not contained in the amendment itself:	
(if not applicab	le, indicate N/A) "		,
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The date of each amendment(s) ado	ption:				, if other	r than the
date this document was signed.		the second of the second	"يعام بدايد"	, i	'e · ·	· • • • • • • • • • • • • • • • • • • •
Effective date <u>if applicable</u> :				,		
•	(no more t	ḥạn 90 days after an	endment file dat	te)		-
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Adoption of Amendment(s)	(CHECK ONE)	•	.			
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"The number of votes cast fo		s/were sufficient for	approval		•	•
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