

P/5000071961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

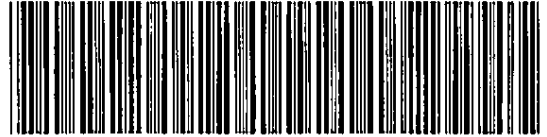
(Business Entity Name)

(Document Number)

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**FILED**  
2018 NOV 29 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

N/C & Amend.

12-7-18

Dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2018

MILTON KNIGHT  
SUNLIFE REALTORS  
4000 PONCE DE LEON BLVD., SUITE 470  
CORAL GABLES, FL 33146

SUBJECT: MILTON ADRIAN KNIGHT, P.A.  
Ref. Number: P15000071961

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE SELECT ONLY ONE BOX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 318A00023266

RECEIVED

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SECRET  
TALL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MILTON ADRIAN KNIGHT, P.A

**DOCUMENT NUMBER:** P15000071961

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Milton Knight  
Name of Contact Person  
SunLife Realtors  
Firm/ Company  
4000 Ponce De Leon Blvd Suite 470  
Address  
Coral Gables, FL 33146  
City/ State and Zip Code

Milton@SunLifeRealtors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Milton Knight at ( 786 ) 380-5260  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILE  
2018 NOV 29 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

MILTON ADRIAN KNIGHT, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000071961

(Document Number of Corporation (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:**

SunLife Real Estate, Inc.

*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)

4000 PONCE DE LEON BLVD #470

CORAL GABLES, FL 33146

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4000 PONCE DE LEON BLVD #470

CORAL GABLES, FL 33146

**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:**

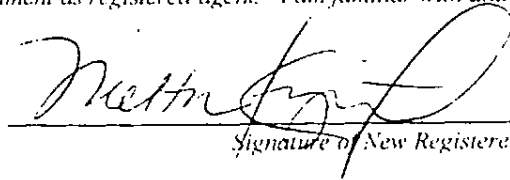
Name of New Registered Agent Milton Knight

(Florida street address)

New Registered Office Address: 4000 PONCE DE LEON BLVD #470 Coral Gables, Florida 33146  
(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

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:

☒ Change                      PT              John Doe

☒ Remove                      V              Mike Jones

☒ Add                      SV              Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>PTD</u>	<u>Milton Knight</u>	<u>4000 Ponce De Leon Blvd # 470</u>
<input type="checkbox"/> Add			<u>Coral Gables, FL 33146</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VPSD</u>	<u>Vania Knight</u>	<u>4000 Ponce De Leon Blvd # 470</u>
<input checked="" type="checkbox"/> Add			<u>Coral Gables, FL 33146</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**F. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

01/01/2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

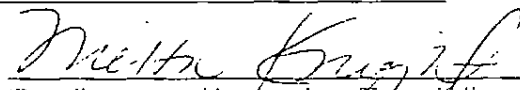
by \_\_\_\_\_  
(voting group)

☐ 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 11/02/2018 \_\_\_\_\_

Signature



(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)

Milton Adrian Knight

\_\_\_\_\_  
(Typed or printed name of person signing)

Director / President

\_\_\_\_\_  
(Title of person signing)