P150000 86122

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(A	ddress)			
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R. WHITE NOV 1 3 2019

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COVER LETTER

TO: Amendment Section Division of Corporations	, —
NAME OF CORPORATION:	ARLITE ING,
DOCUMENT NUMBER: P15000	0086122
The enclosed Articles of Amendment and fee are su	domitted for filing.
Please return all correspondence concerning this ma	tter to the following:
<u>DR. S.A. J</u>	HARRÍS
STARLIT	Name of Contact Person E INC.
PO Box	2 000 4
ST. PETE	RSBURG, FL 33742
·	City/ State and Zip Code O CITEBOOK. COM sed for future annual report notification)
For further information concerning this matter, pleas	se call:
T. DARWIN	<u> </u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Fiting Fee Certificate of Status
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

2015 CIT 24 PM 1:17

Articles of In	·
Starlite In	<u>.</u>
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P15000086123	<u>) </u>
	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation;	***
name must be distinguishable and contain the word "corporati "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: (Principal office address MUST BE A STREET ADDRESS)	_N/A
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 adenew registered agent and/or the new registered office address Name of New Registered Agent NA	lrgsy in Florida, enter the name of the s:
i i	Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t:
1	

Page Lof 4

address of each Officer a (Attach additional sheets, Please note the officer/di P = President; V = Vice I Executive Officer; CFO a held, President, Treasuret Changes should be noted	and/or D If necess rector titl President = Chief I r, Directo in the fo	ary) by the first letter of the office title: T= Treasurer; S= Secretary; D= Director; TR= 1 Financial Officer. If an officer/director holds more or would be PTD. Ilowing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These	Frustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	\mathcal{J}_{-}	Deborah Roesler	P.O. Box 20004 St. Petersburg, fl 33742
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add Remove			

Page 2 of 4

6) ____ Change

___ Remove

Attach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
1		
N/A		
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f an amenda	ent provides for an exchange, reclassification, or cancellation of issued shares,	
provisions fo	r implementing the amendment if not contained in the amendment itself:	
(if not ap	olicable, mdicate N/A)	
alla		
NA	······································	
•		
		_

The date of each amendment(s) adoption: O = -date this document was signed.	22-2019	, if other than the
Effective date if applicable: 10 - 22 - 2	.019	
	e than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-		rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK.ON	<u>E</u>)	
The amendment(s) was/were adopted by the sharehold- by the shareholders was/were sufficient for approval.	ers. The number of votes cast for t	the amendment(s)
The amendment(s) was/were approved by the sharehol must be separately provided for each voting group end		
"The number of votes cast for the amendment(s)	was were sufficient for approval	
by		
(voting group	y	
☐ The amendment(s) was/were adopted by the board of d action was not required.	firectors without shareholder action	n and shareholder
The amendment(s) was/were adopted by the incorporal action was not required.	tors without shareholder action and	d sharcholder
Dated 10-22-2019		
Signature DR SA A	Posice	
(By a director, president or of	ther officer - if directors or officer	
selected, by an incorporator - appointed fiduciary by that fi	 if in the hands of a receiver, trust ductary) 	ee, or other court
Dr S.	A. Harris	
(Typed or	printed name of person signing)	
Seco	etacu	
	(Title of person signing)	