# P1500092615

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | idress)            | <del></del> |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
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STORUMNY OF STATE



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA  | ATION: ENDLESS SUN H                        | OLDINGS INC   |  |  |  |
|--|---|---|--|--|--|
| DOCUMENT NUMBI   | ER:   |   |  |  |  |
| The enclosed Articles o  | f Amendment and fee are sub                 | omitted for filing.   |  |  |  |
| Please return all corresp  | ondence concerning this mat                 | ter to the following:   |  |  |  |
| I  | RUTH NORGAN                                 |   |  |  |  |
| _  |   | Name of Contact Person  | 1  |  |  |
| •  | YOUR ENTITY SOLUTION, LLC                   |   |  |  |  |
| _  |   | Firm/ Company   |  |  |  |
| 6  | 5440 SKY POINTE DR STE                      | 140-106   |  |  |  |
| <del></del>  |   | Address   |  |  |  |
| i  | LAS VEGAS, NV 89131                         |   |  |  |  |
| •  | City/ State and Zip Code                    |   |  |  |  |
| RUTH   | @YOURENTITYSOLUTIO                          | N.COM   |  |  |  |
|  | E-mail address: (to be use                  | ed for future annual report                                       | notification)  |  |  |
| For further information  | concerning this matter, please              | e call:   |  |  |  |
|  | ,,  |   |  |  |  |
| RUTH NORGAN  |   | at (  | _)   |  |  |
| Name of Contact Person Area Code & Daytime Telephone   |   | de & Daytime Telephone Number                                     |  |  |  |
| Enclosed is a check for  | the following amount made p                 | ayable to the Florida Depa  | artment 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) |  |  |
| Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314 |   | Amend<br>Divisio<br>Clifton                                       | Address Iment Section on of Corporations Building Executive Center Circle              |  |  |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### ENDLESS SUN HOLDINGS INC

| (Name of Corporation as curren   | tly filed with the Florida Dept. of State)                     |  |
|--|--|--|
| P15000092615   |  |  |
| (Document Number   | of Corporation (if known)                                      |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:  | s Florida Profit Corporation adopts the following amendment(s) |  |
| A. If amending name, enter the new name of the corporation:  |  |  |
|  | The new  |  |
| name must be distinguishable and contain the word "corporati<br>"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:  | 13300 S CLEVELAND AVE UNIT 56 STE 691                          |  |
| (Principal office address MUST BE A STREET ADDRESS)  | FORT MYERS FL 33907-3871                                       |  |
|  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 13300 S CLEVELAND AVE UNIT 56 STE 691                          |  |
|  | FORT MYERS FL 33907-3871                                       |  |
| D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre   |  |  |
|  | 33.  |  |
| Name of New Registered Agent   |  |  |
| (Florida s   | street address)  |  |
| New Registered Office Address:   | . Florida  |  |
| eyes spies rima ess.   | (City) (Zip Code)  |  |
| New Registered Agent's Signature, if changing Registered Ager<br>I hereby accept the appointment as registered agent. I am familian  | 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: X Change             | <u>PT</u>    | John Doe       |                        |
|-------------------------------|--------------|----------------|------------------------|
| X Remove                      | <u>V</u>     | Mike Jones     |                        |
| X Add                         | <u>sv</u>    | Sally Smith    |                        |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s        |
| l) X Change                   | P            | SANDRA J ROMER | 13300 S CLEVELAND AVE  |
| Add                           |              |                | UNIT 56 STE 691        |
| Remove                        |              |                | FORT MYER FL 33907 US  |
| 2) X Change                   | T            | ANDREW JANSEN  | 13300 S CLEVELAND AVE  |
| Add                           |              |                | UNIT 56 STE 691        |
| Remove                        |              |                | FORT MYERS FL 33907 US |
| 3) X Change                   | S            | MARILYN JANSEN | 13300 S CLEVELAND AVE  |
| Add                           |              | •              | UNIT 56 STE 691        |
| Remove                        |              |                | FORT MYERS FL 33907 US |
| 4) Change                     | <del></del>  |                |                        |
| Add                           |              |                |                        |
| Remove                        |              |                |                        |
| 5) Change                     |              |                | <del> </del>           |
| Add                           |              |                |                        |
| Remove                        |              |                |                        |
| 6) Change                     |              |                |                        |
| Add                           |              |                |                        |
| Remove                        |              |                |                        |

| Attach additional sheets, if necessary).                                  | icles, enter change(s) here: (Be specific)                 |
|---|--|
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| I <u>f an a</u> mendment provides for an exch                             | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer<br>(if not applicable, indicate N/A) | ndment if not contained in the amendment itself:           |
| (y nor appricable, maicale (VA)   |  |
| (y not approude, maicute 19A)   | <del></del>  |
| (y not appricable, maicute 1971)  |  |
| (y not appricable, maicute 1974)  |  |
| (y nor appricable, maicule 1974)  |  |
| (y nos appreade, maieure 17A)   |  |

| The date of each amendment(s) add  | option: if v   | ther 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 blo<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.   | listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |               |
| The amendment(s) was/were adop<br>by the shareholders was/were suf             | oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.  |               |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  |               |
| "The number of votes east f  | or the amendment(s) was/were sufficient for approval   |               |
| by:  | (voting group)   |               |
|  | (voting group)   |               |
| The amendment(s) was/were adopted action was not required.                     | nted by the board of directors without shareholder action and shareholder  |               |
| The amendment(s) was/were adopted action was not required.                     | pted by the incorporators without shareholder action and shareholder   |               |
| Dated DEC  |  |               |
| Signature  | Momen  |               |
| (By a dis  | rector, president or other officer if directors or officers have not been<br>l, by an incorporator if in the hands of a receiver, trustee, or other court<br>ed fiduciary by that fiduciary) |               |
|  | SANDRA J ROMER   |               |
| •<br>•   | (Typed or printed name of person signing)  |               |
|  | PRESIDENT  |               |
| •  | (Title of person signing)  |               |



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> Direct (702) 506-0190 Fax (815) 301-3015

## **Customer Order Instruction Cover Letter**

| Date: Dece  | ember 8                               | , 2015  |                  |
|-------------|---------------------------------------|---|------------------|
| Service Red | quested                               | : <u>x</u> Regular<br>Expedited                         |                  |
| Return to:  | YOU                                   | R ENTITY SOLUTION, LLC                                  |                  |
| Address:    | dress: 6440 SKY POINTE DR STE 140-106 |   |                  |
|             | LAS \                                 | VEGAS NV 89131  |                  |
| Phone:      |                                       | 702-506-0191  |                  |
| Contact Pe  | rson:                                 | Ruth Norgan   |                  |
| Return Deli | very:                                 | X Mail to Address Above                                 |                  |
| Order Desc  | ription:                              | ENTITY NAME: ENDLESS SUN HOLDINGS INC                   |                  |
| 1 X Origina | l Filing o                            | Of Articles of Amendment for a Florida Corporation      | \$ <b>43.75</b>  |
| 1 X Stampe  | d Filed                               | COPY Of Articles of Amendment for a Florida Corporation | No Charge        |
|             |                                       | Total Amount  | \$ <b>4</b> 3 75 |

## THANK YOU!