Pluco	0013254
(Requestor's Name) (Address) (Address)	000306020150
(City/State/Zip/Phone #)	12/01/1701008025 ★★35.00
Certified Copies Certificates of Status	2017 DEC 10 TI: 1:43
Since Ose Only	C. GOLDEN

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DEC 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

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 NAME OF CORPORATION:
 Sky Events Unlimited Inc.

 DOCUMENT NUMBER:
 P16000013254

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

Please return all correspondence concerning this matter to the following:

Sonya L Laney

Name of Contact Person

Sonya L Lancy CPA PA

Firm/ Company

5131 S Ridgewood Ave Ste F

Address

Port Orange, FL 32127

City/ State and Zip Code

slancy@sonyalancy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Justin Kerin
 at (386
 682-4604

 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:

S35 Filing Fee

Status Certificate of Status

State of the second sec

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2017

SONYA L. LANEY 5131 S RIDGEWOOD AVENUE SUITE F PORT ORANGE, FL 32127

SUBJECT: SKY EVENTS UNLIMITED, INC. Ref. Number: P16000013254

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

What type of action are you making.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 217A00024412

ALCEIVED REC 18 AM 11: 56

Articles of Amendment to Artic n

Sky Events Unlimited Inc.

umber of Corporation (if know	n)	
tes, this <i>Florida Profit Corpor</i>	ation adopts the following amend	lment(s) to
tion:		
	'incorporated" or the abbreviat	tion
E)		_
		-
ice address in Florida, enter address:	the name of the	-
lorida street address)		
(City)	, Florida (Zip Code)	-
	poration, " "company, " or " c, " or "Co". A professional iation "P.A.") iee address in Florida, enter address: forida street address)	The n poration, " "company," or "incorporated" or the abbreviat c," or "Co". A professional corporation name must contain iation "P.A.") ice address in Florida, enter the name of the address: orida street address), Florida

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

FILED

2017 050 18 PK 1:43

les	of	Incorporation	1
		of	

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:

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Jason R. Kerin	3733 Caterina Dr
Add			New Smyrna Beach, FL 32168
X Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	<u> </u>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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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) N/A

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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
□ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
November 29, 2017 Dated	
Signature	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cou	
appointed fiduciary by that fiduciary)	

Justin R Kerin

(Typed or printed name of person signing)

Director

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• • •

(Title of person signing)