P170000 14941

(Requestor's Name)	
(Address)	800301590268
(Address)	000301390200*
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	077/2471701013027 **35.00
(Business Entity Name)	S TALLENT
(Document Number)	AUG 1 6 2017
Certified Copies Certificates of Status	ment
Special Instructions to Filing Officer:	FILED WARRENTS
	LED PH 3: 39

Office Use Only



August 1, 2017

JOHN J. MCGLYNN III LAW OFFICE OF JOHN J MCGLYNN III, PLLC 759 SOUTH FEDERAL HIGHWAY, SUITE 200F STUART, FL 34994

SUBJECT: SUNRISE ASSET MANAGEMENT INC.

Ref. Number: P17000014941

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):

The registered agent must sign accepting the designation.

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.

Letter Number: 817A00015542

Susan Tallent Regulatory Specialist II

www.sunbiz.org

The Law Offices of John J. McGlynn III, PLLC

759 S. Federal Highway, Suite 200F Stuart, Florida 34994 Telephone: (772) 349-5646 E-mail: jmeglynnpl@gmail.com www.southfllawfirm.com

August 7, 2017

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Sunrise Asset Management, Inc.

Articles of Amendment

Dear Corporate Representative:

I have enclosed the signed Articles of Amendment per your instructions.

Sincerely yours,

Enclosures

The Law Offices of John J. McGlynn III, PLLC

759 S. Federal Highway, Suite 200F Stuart, Florida 34994 Telephone: (772) 349-5646 E-mail: jmcglynnpl@gmail.com www.southfllawfirm.com

July 12, 2017

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Sunrise Asset Management, Inc.
Articles of Amendment

Dear Corporate Representative:

I have enclosed Articles of Amendment to Sunrise Asset Management, Inc. together with a check in the amount of \$35.00 to cover the filing fees.

Sincerely yours,

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

 \cdot 1, \cdot 2,

NAME OF CORPORATI	ON:SUNRISE	ASSET MANAGEMENT, INC.	
DOCUMENT NUMBER:	P170000	14941	
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this man	ter to the following:	
		JOHN J. MCGLYNN III	
		Name of Contact Perso	n
	LA	W OFFICES OF JOHN J. MCGLY	'NN III, PLLC
		Firm/ Company	
	759	9 SOUTH FEDERAL HIGHWAY,	SUITE 200F
		Address	
	ST	UART, FLORIDA 34994	
		City/ State and Zip Cod	E
	JN,	ncglynn@southfllawfirn	1.COM
	E-mail address: (to be us	sed for future annual report	
For further information con	cerning this matter, pleas	e call:	
JOHN J. MCGLYN	NШ	at (772	349-5646
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Dep	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 Amendm	Address ent Section		Address dment Section
	of Corporations		on of Corporations
P.O. Box	-		n Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SUNRISE ASSET MANAGEMENT, INC.

(Name of C	Corporation as currently fi	led with the Florida Dept. of State)			
P1	7000014941				
	(Document Number of Co	rporation (if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the fo	ollowing an	nendm	ent(s)
A. If amending name, enter the new name	of the corporation:				
			Th		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co"	". A professional corporation name	the abbro must con	zviatio tain th	n e
B. Enter new principal office address, if a	policable:	130 SOUTH INDIAN RIVER DRIVE			
(Principal office address MUST BE A STR		SUITE 202			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FORT PIERCE, FLORIDA 34950		g-mit	
		130 SOUTH INDIAN RIVER DRIVE	19 77 TU (1) 18 TU (1)	AUG	77
		SUITE 202	<u> </u>		m
	-	FORT PIERCE, FLORIDA 34950		PH 3	Ö
D. If amending the registered agent and/o		in Florida, enter the name of the	90 Sept. 1997.	39	
new registered agent and/or the new r	egistered office address:				
Name of New Registered Agent	JOHN J. MCGLYNN III				
	759 SOUTH FEDERAL HIG	GHWAY, SUITE 200F			
	(Florida street	address)			
New Registered Office Address:	STUART	. Florida	34994		
	(City)		(Zip Code	<u>=)</u>	

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.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nės</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	· · · · · · · · · · · · · · · · · · ·	-
Add				
Remove				

	(Be specific)
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	<u> </u>
f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than t
date this document was signed.	 ,
Effective date if applicable:	
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 document's effective date on the Department of State's records.	not be listed as t
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)	
(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 JULY 10, 2017	
1 Tolono	
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)	
DAVID SPICER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	