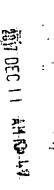
## P17000030017

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## **COVER LETTER**

· DEC 11 NO TO: Amendment Section Division of Corporations Sunflower Premium Services Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Claudia Sanchez Name of Contact Person Sunflower Premium Services Inc Firm/ Company 3736 Andover Cay Blvd Address Orlando, FL 32825 City/ State and Zip Code cc\_sanchez@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 ) 616-2290

Area Code & Daytime Telephone Number Claudia Sanchez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation of

	11	•
		A ORC 1 THE
	Articles of Amendment	Q.
·	to	
	Articles of Incorporation of	r.
inflower Assisting Living Facil	lity, Inc	T.
	(Name of Corporation as currently filed with the Florida Dept. of State)	
7000030017		ı
	(Document Number of Corporation (if known)	
rsuant to the provisions of sect Articles of Incorporation:	cion 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following	g amendment(s) to
If amending name, enter the	e new name of the corporation:	
inflower Premium Services, In-		The new
Corp.," "Inc.," or Co.," or th	and contain the word "corporation," "company," or "incorporated" or the abelle designation "Corp," "Inc," or "Co". A professional corporation name must contain a sociation," or the abbreviation "P.A."	breviation
Enter new principal office a rincipal office address <u>MUST</u>		<del></del>
Enter new mailing address. (Mailing address MAY BE A		
. If amending the registered a	 agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or	r the new registered office address:	
Name of New Registered	d Agent	
	(Florida street address)	
New Registered Office A		<del></del>
	(City) (Zip C	Code)
ew Registered Agent's Signat	 ure, if changing Registered Agent:	
	as registered agent. I am familiar with and accept the obligations of the position.	1
	Signature of New Registered Agent, if changing	1
	Signature of New Negisterea 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 (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		į į	<del> </del>
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			I
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove		\	

F 16		•
(Attach additional sheets, if ned	bnal Articles, enter change(s) here: essary). (Be specific)	
Section A - Corporation Name C	nange	
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		<del></del>
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		-
	11	-
· <del></del>		
198		
· <del></del>		
T If an amount was did a for		
provisions for implementing	an exchange, reclassification, or cancellation of issued shares, the amendment if not contained in the amendment itself:	
(if not applicable, indicat	e <sup> </sup> N/A)	
		<del>-</del>
		i
<u> </u>		
		:

	11/27/2017	1
The date of each amendment(s)	doption:	, if other than the
date this document was signed.		
11/2	27/2017	
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 wil	I not be listed as the
document's effective date on the D	epartment of State's records.	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	İ
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) difficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
11/27/201 Dated		
s: / /	Vacla Villa	
Signature /	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
цроп		
	Claudia Sanchez	
	(Typed or printed name of person signing)	<u> </u>
	Vice President/Incorporator	
	(Title of person signing)	<del></del>