## P17000031766

(1	Requestor's Name)	
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(	Address)	
(1	City/State/Zip/Phone #	)
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☐ PICK-UP	☐ WAIT	MAIL
- (	Business Entity Name	)
	Document Number)	
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Special Instructions	to Filing Officer:	
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SECRETARY OF STATE
ALLAHASSES FIORIDA

JUN 0-1 2017

S. PRATHER

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION	Nativ	16 Sun Cycl	c, Inc.
DOCUMENT NUMBER:		06031766	
The enclosed Articles of Amend	dment and fee are sul	bmitted for filing.	
Please return all correspondence	e concerning this mat	tter to the following:	
	GA	Sey De Has Name of Contact Person	S
	_		£.
	794 N	V. Sun COAS+	Blrd.
_CR		RFL, 34436 City/ State and Zip Code	
E-m	NATIVE Sur ail address: (to be us	Cycle S S A seed for future annual report	notification)
For further information concern	ing this matter, pleas	se cail:	
CASCY Dell Name of Contact	t Person	at (35)	de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate 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 Add Amendment S Division of C	Section	Amend	Address Iment Section on of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NAtive S	un Cycl	c, Inc.	
DOCUMENT NUMBER:	P/700G	031766		
The enclosed Articles of Amendment	and fee are submitted	l for filing.		
Please return all correspondence conc	erning this matter to t	he following:		
		y Ochas ne of Contact Person		
	NAtiveSur	Eycle In	<u>c.</u>	
<del></del>	794 N.S			
	AL RIVER F.			
E-mail ad	tive Sun Cy dress: (to be used for	cLee 5 m Ai future annual report	L.Com notification)	
For further information concerning th	is matter, please call:			
CASCY De Hass Name of Contact Pers	on	at ( 35 ) Area Coo	de & Daytime Telephone Number	_
Enclosed is a check for the following	amount made payable	e to the Florida Depa	rtment of State:	
——————————————————————————————————————	(A	13.75 Filing Fee & crtified Copy dditional copy is aclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corpora		Amend Divisio	Address ment Section n of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

**Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

- Native Sun	Cycle, Inc.	<del></del>
(Name of Corporation as currently to	filed with the Florida Dept. of State)	
P1/0060	31766	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corporation:		an)
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/O E	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SE	P I
	)	<u>े</u> थे.
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent / f	9	-
(Florida street	address)	-
New Registered Office Address:	. Florida	
	<del></del>	Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	
Signature of New Reg	istered 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		DE Jonsh Osear H.SR.	16884 53RD
Add			Well BOAN FL,
Remove			32094
2) Change		N/A	
Add			
Remove			
3) Change	<del></del>	N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change	<del></del>	N/A	
Add			
Remove			

Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
	,
provisions for (if not app	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)
.,	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	<del>- ,</del>
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 the
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" \(\overline{\o	<u> </u>
(voting group)	g e n
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.	3 5 5 T
Dated	<b>56</b>
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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	