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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	VICTORIA SUNSHINE	PROPERTIES, CORP		
DOCUMENT NUMBER: P17000033	900			
The enclosed Articles of Amendment and f	ee are submitted for filing.	1		
Please return all correspondence concerning	g this matter to the following			
	ANGELA M	ACK		
	Name of Contac	t Person		
TAX	I DIAL SPECIALISTS, LLC			
	any			
	D STE 407C			
	Address			
	RIDA 32835			
	City/ State and Z	ip Code		
	ADMIN@CREATRIXOF	  FICES.COM		
E-mail address:	(to be used for future annua	report notification)		
For further information concerning this mat	•			
ANGELA MACK	at (	7 710-0808 Area Code & Daytime Telephone Number		
Name of Contact Person	<u>.</u> 	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount	nt made payable to the Floric	da Department of State:		
\$35 Filing Fee		Certificate of Status		
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		

## Articles of Amendment to Articles of Incorporation

## VICTORIA SUNSHINE PROPERTIES, CORP.

## (Name of Corporation as currently filed with the Florida Dept. of State) P17000033900 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Gity) 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

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove Example:	and/or 1 , if neces rector tit Presiden = Chief r, Direct I in the fo	Nivector being: sary) le by the first le t; T= Treasure Financial Offic or would be PT dlowing manner	added: tter of the office title: r; S= Secretary: D= er. If an officer/dire D. r. Currently John Do lly Smith is named the	Director: TR= Ti	director being removed and title, name, and rustee; $C = Chairman$ or $Clerk$ ; $CEO = Chief$ han one title, list the first letter of each office PST and Mike Jones is listed as the $V$ . There is should be noted as John Doe, $PT$ as a Change.
X Change	<u>PT</u>	John Doe			
X Remove	$\underline{Y}$	Mike Jones			
X Add	<u>SV</u>	Sally Smith		Ì	
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</u>		<u>Addres</u> s
1) Change	TD	ROI	DRIGO SANTOS,AL	ÉXIS	8643 SUGAR PALM CT.
XAdd					ORLANDO-FLORIDA 32835
Remove					
2) Change		<u> </u>			
Add					
Remove					
3 ) Change				1	
Add					
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4) Change		- <del></del>			
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Remove					
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6) Change		<del>-</del>		•	
Add					

\_ Remove

If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	here:
Attach additional sheets, if necessary). (Be specific)	
an amendment provides for an exchange, reclassification	a or appeallation of issued shares
provisions for implementing the amendment if not contain	ied in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
	<del>-  </del>
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The date of each amendment(s) adoption: date this document was signed.	:	if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable at of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The nur for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vo		
"The number of votes cast for the a	imendment(s) was/were su	 fficient for approval
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without	shareholder action and shareholder
Dated JUly 2	0, 2017	
Signature	duarku	MOOK.
(By a director, p	president or other officer -	if directors or officers have not been
selected, by an	incorporator - if in the har	nds of a receiver, trustee, or other court
appointed fidue	riary by that fiduciary)	
	(Typed or printed name	A MACK
	(Typed or printed name	of person signing)
	Registere	d Agent
<del></del>		rson signing)