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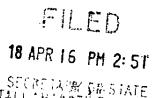
COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORAT	ION: SUNNYGLEN FA	RMS, INC.	
DOCUMENT NUMBER	P17000063650		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
MA	RGARET S. IRELAND		
		Name of Contact Person	1
su	NNYGLEN FARMS, INC	c .	
		Firm/ Company	
510	5 LAKELAND HIGHLA	NDS ROAD	
		Address	· · · · · · · · · · · · · · · · · · ·
LA	KELAND, FL 33813		
		City/ State and Zip Code	2
BILLSW	TH@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co.	ncerning this matter, pleas	se call:	
MARGARET S. IRELAND		at (<u>863</u>	644-9197
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	ertment 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)
Amendn Division P.O. Bo:	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of



SUNNYGLEN FARMS, INC.

	ly filed with the Florida Dept. of State)
7000063650	
(Document Number o	f Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	5105 LAKELAND HIGHLANDS ROAD
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	LAKELAND, FL 33813
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
new registered agent and/or the new registered office address	
Name of New Registered Agent	<u> </u>
Name of New Registered Agent	
New Registered Office Address: New Registered Office Address:	<u> </u>

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 <math>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	Address
1) Change	VPD	W. WM. ELLSWORTH, JR.	5105 LAKELAND HIGHLANDS
X Add			ROAD
Remove			LAKELAND, FL 33813
2) Change	VPD	MARGARET S. IRELAND	5105 LAKELAND HIGHLANDS
X Add			ROAD
Remove			LAKELAND, FL 33813
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
c) GI			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

date this document was signed.	Soption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as th partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient 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 cast	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
04/12/2018 Dated	
Signature	——————————————————————————————————————
Signature W	rector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	M N REINBERG
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)