# P18000039439

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: The suce thing, Inc DOCUMENT NUMBER: P 1800039439 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 411 Mayfait Drive

Address

Verice, Florida 34293

City/ State and Zip Code FBeyer@Prodigy.net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fred Beyer at (941), 266-5640

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □S43.75 Filing Fee & ■\$43.75 Filling Fee & □\$52.50 Filling Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

# **Mailing Address**

TO: Amendment Section

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 Articles of Incorporation of

Articles of Incorporation					
of the state of th					
The Sure Thing, Inc					
(Name of Corporation as currently filed with the Florida Dept. of State)					
P18000039439					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments) to the Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
Sure Thing, Inc The new					
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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)     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					
New Registered Office Address: City . Florida . (City) . Florida . (Zip Code)					
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 Trustec; 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>Y</u>	Mike Jones	
<u>X</u> Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>l'itle</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change		+	
Add			
Remove			·
3.)Change		1 1 1	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Add Remove			
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(Attach additional sheets, if	ditional Articles, enter change(s) here:   necessary).	
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If an amendment provide provisions for implement (if not applicable, ind	es for an exchange, reclassification, or cancellation of issued shares, ating the amendment if not contained in the amendment itself: dicate $N(A)$	

The date of each amendment(s) add	ption:	NA	, if other than the
date this document was signed.		11/4	
Effective date <u>if applicable</u> :	(no more t	than 90 days after amendment file	date)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The sound of the same of the s	,
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep			ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	)	
☐ The amendment(s) was/were adop by the shareholders was/were suff		s. The number of votes east for the	: amendment(s)
☐ The amendment(s) was/were appr must be separately provided for e		rs through voting groups. The foll led to vote separately on the amen	
		as/were sufficient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were adopaction was not required.	ted by the board of dire	ectors without shareholder action;	md shareholder
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporator	s without shareholder action and s	harcholder
Dated_8-13-	18		
Signature	not fr	er officer - if directors or officers f	
(By Adir	ector, president or othe	rr officer – if directors or officers f	
	by an incorporator – if d fiduciary by that fidu	f in the hands of a receiver, trustee iciary)	, or other court
	Jonet Fra	ninted name of person signing)	
_	(Typed or pr	inted name of person signing)	
	V, P,	Title of person signing)	
_	(	Title of person signing)	