## P18000042226

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: SUNSET HEALT	H PARTNERS, INC		
DOCUMENT NUMBI	ER: P18000042226			
	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
J	ORGE NEWPORT JONES			
<del>-</del>		Name of Contact Person	1	
S	SUNSET HEALTH PARTN	ERS, INC		
_		Firm/ Company		
2	061 BOCA RATON BLVD	STE 202		
		Address		
1	BOCA RATON, FL 33431			
_		City/ State and Zip Code	ε	
JORGI	@SUNSETHEALTHPART	TNERS.COM		
	_	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
		at (	)de & Daytime Telephone Number	
Name of	*Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
	ng Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

	Articles of An to Articles of Inco of		F.	THE THE THE
SUNSET HEALTH PARTNERS, INC				発るが
(Name of	Corporation as currently	filed with the Florida D	ept, of State)	
	(Document Number of	Corporation (if known)		950
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation	n adopts the foll	lowing amendment(s) to
A. If amending name, enter the new name	ne of the corporation:			
NOT APPLICABLE				The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associate	tion "Corp," "Inc," or "C	lo". A professional corp		the abbreviation
B. Enter new principal office address, is (Principal office address <u>MUST BE A ST</u>		NOT APPLICABLE		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		NOT APPLICABLE		
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the	name of the	
Name of New Registered Agent	NOT APPLICABLE			
	(Florida stre	et address)		
New Registered Office Address:			, Florida	
	6	City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		ith and accept the obligat	ions of the posit	tion.
	Signature of New Re	gistered Agent, if changir	ng	

## 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ERIK SANCHEZ	2061 BOCA RATON BLVD
X Add			BOCA RATON, FL 33431
Remove			
2) Change	P	ERIC SANCHEZ	2061 BOCA RATON BLVD
Add			BOCA RATON, FL 33431
X Remove			
3 ) Change		<del>-</del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			(1)
Remove			
6) Change			
Add		_	
Add			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NAME CORRECTION REQUEST ONLY (ERIC TO ERIK)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NOT APPLICABLE

The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the ancient for approval.	nendment(s)
	ved by the shareholders through voting groups. The following ch voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and	shareholder
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and share	eholder
Dated	22/2018	
Signature		<u>,                                     </u>
scheeted, t	ctor, president or other officer – if directors or officers have y an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
EI	RIK SANCHEZ	
_	(Typed or printed name of person signing)	,
PF	RESIDENT	
<del></del>	(Title of person signing)	