P180000 45161

(Re	equestor's Name)	<u>-</u>
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	≘ #)
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(Bu	usiness Entity Nar	me)
(Dc	ocument Number)	
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Jame Chang

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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Sun of A	Beach Could	4 Home REMOVATIO	W. INC.
DOCUMENT NUMBI	7.5			,
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	oondence concerning this ma	ntter to the following:		
	Nick Rybi Sun of a Dr 148 Windl DEFUNIAK	Name of Contact Person PACH REMOVE Firm/ Company Address Sortings J- City/ State and Zip Cod	HIONIS, INC. 1 32433	
Ear further internation	E-mail address: (to be u concerning this matter, plea	sed for future annual report	notification)	
	concerning this matter, pica	se can.		
Nick Ri Name of	Contact Person	at (<u>850</u> Area Co	333 – 2166 ode & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	S43.75 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)	3 27 5% 9: 30
Maili	ng Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

Sun of A BEACH Condo & Home	
P18000045161 (Document Number of Company)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Sum of A BEACH REMOVATION 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 "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Name of New Registered Agent	A S S
New Registered Office Address: New Registered Office Address:	A Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	th and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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.

Example: X Change	<u>PT</u>	<u> John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add		\	
Remove			
3) Change			
Add			
Remove		\ \	
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	il A
	M

The date of each amendment(s) adoption:date this document was signed.	N/A	, if other than th
Effective date if applicable:	N A no more than 90 days after amendment)	file date)
Note: If the date inserted in this block does not a document's effective date on the Department of Stat		nirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appre		the amendment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro		
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval	
by	·	
(voting	group)	
☐ The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder actio	on and shareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action an	nd shareholder
Dated 2-12-19		
0/	1/1	
Signature / h	Mes	
	nt or other officer – if directors or office or ator – if in the hands of a receiver, trus	
appointed fiduciary by		
Nick (Typ	Rubicki ped or printed name of person signing)	
PRESI	dent lowner (Title of person signing)	