P18 0000 54298

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUNKIS EXPRES	SS, INC.	
DOCUMENT NUM	BER: P18000054298		
The enclosed Article.	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	PENIO PENEV		
		Name of Contact Perso	<u> </u>
	SUNKIS EXPRESS, INC.		
		Firm/ Company	
	3346 CATERINA DR.		
		Address	
	NEW SMYRNA BEACH, F	L 32810	
		City/ State and Zip Cod	e
	pnhexpress@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call: at (407	619-1284
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Division The Co 2415 f	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to **Articles of Incorporation** of

SUNKIS EXPRESS, INC.

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State	
			\rangle_2
	(Document Number of	Corporation (if known)	~
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Clorida Profit Corporation adopts the t	following amendm
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contraction "Contraction of the designation of th	Corp." "Inc." or "Co". A		
B. Enter new principal office address,	if applicable:	3346 CATERINA DR	
(Principal office address <u>MUST BE A S</u>		NEW SMYRNA BEACH, FL 3216	8
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		3346 CATERINA DR.	
		NEW SMYRNA BEACH, FL 32168	}
D. If amending the registered agent ar		ess in Florida, enter the name of the	
new registered agent and/or the ne	w registered office address:		
Name of New Registered Agent	PENIO PENEV		
	3346 CATERINA DR.		
·	(Florida stre	et address)	
New Registered Office Address:	NEW SMYRNA BEACH	, Florida_	32168
	1	Ciţy)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the po	osition.
	Signature of New Re	gistered Agent, if changing	
Check if applicable	/		

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	<u>v</u>	HRISTO DIAKOV	8233 SHAY LYNN CT.
Add			ORLANDO, FL 32810
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	r adding additional nal sheets, if necessar	ry). (Be speci)	ીંલ્)			
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The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
07/17/202 Dated	0
Signature	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	PENIO PENEV
	(Typed or printed name of person signing)
	PRESIDENT () 11-4
	(Title of person signing)