To:

X()Forda 9/29/21 8 51 AM orporations Division of Corporations

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Division of Corporations

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNSHINE LOVE ALF, INC

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OCT 0 5 2021

A. LUNT



October 1, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUNSHINE LOVE ALF, INC 208 SW 22 ST CAPE CORAL, FL 33991US

SUBJECT: SUNSHINE LOVE ALF, INC REF: P18000064095

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt Regulatory Specialist III FAX Aud. #: H21000364062 Letter Number: 621A00023864

#### Articles of Amendment to Articles of Incorporation of

### SUNSHINE LOVE ALF. INC

# (Name of Corporation as currently filed with the Florida Dept. of State)

P18000064095

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

## A. If amending name, enter the new name of the corporation:

			_The new	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," ". "chartered," "professional association," or the a	Inc," or "Co". A professional corpora	rated" or the abbreviatio ution_name_must_contail	m "Corp.," n the word <b>23</b>	- E
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u> .)			21 OCT -	SFCRETA
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>		AH 10: 17	TR. ED IRY OF STATE CONPORATION
D. <u>If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent</u>		the name of the		
	(Florida street address)		-	
<u>New Registered Office Address</u> :	(City)	, Florida <i>(Zip</i> (	Code)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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?

 $P = President; V \neq Vice President, T = Treasurer: S \Rightarrow Secretary; D = Director, TR = Trustee; C = Chairman or Clerk, CEO = Chief$  $Executive Officer: CFO <math>\geq$  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>P1</u> John Doe X Remove  $\underline{V}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Address Type of Action Title <u>Name</u> (Check One) 208 SW 22 ST 1) X Change MENENDEZ, YANET VP. CAPE CORAL, FL 33991 \_\_\_ Add \_\_\_\_\_ Remove PAEZ, LIENNE 208 SW 22 ST P 2) \_\_\_\_ Change CAPE CORAL, FL 33991 N \_ Add 3 } \_\_\_\_ Remove \_\_\_\_\_ Add \_\_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_ Add Remove 57 Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Remove

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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If an amendment provides for an excl	nanaa radassificatia	n as concellation of	iccurd churos	
provisions for implementing the ame	ndment if not conta	ined in the amendm	ent itself:	
(if not applicable, indicate N/A)				
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The duty of much many descents of a second	09/28/2021	1
The date of each amendment(s) add date this document was signed.	prion;	
Effective date <u>if applicable</u> :		
	the more than 50 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep-	ck does not meet the applicable statutory tiling requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was were adop action was not required.	ted by the incorporators, or board of directors without shareholder action.	and shareholder
<ul> <li>The amendment(s) was were adop by the shareholders was were suff</li> </ul>	ted by the shareholders. The number of votes east for the amendment(s) leient for approval.	
	aved by the shareholders through voting groups. The following statement activating group entitled to vote separately on the amendment(s).	~ ∪
"The number of votes cast fe	it the amendment(s) was were sufficient for approval	SECRETAR DIVISION OF C
b	*	
	(voting group)	
09/28/2021 Dated		CD CREDESIA ORPORAT AM 10:
Signature _ Z	ennelous	
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	\
l.	JENNE PAEZ	
-	(fyped or printed name of person signing)	

PRESIDENT

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(Title of person signing)

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