P180000601115

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SUN HAT SERVI	CES, INC		
DOCUMENT NUMB				
	of Amendment and fee are su	abmitted for filing.		
Please return all corresp	pondence concerning this ma	atter to the following:		
1	RODRIGO POSADA			
-		Name of Contact Person	n	
(GRUSHOFF & POSADA			
-		Firm/ Company	<u> </u>	
(5991 W BROWARD BLVD	STE 105		
-		Address		
ī	PLANTATION, FL 33317			
_		City/ State and Zip Cod	e	
EZFIL	EINC@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	on mille		
tor further information	concerning this matter, pien	se can:		
RODRIGO POSADA		954	316-2590	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:	
S35 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)	
Mailing Address 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 to Articles of Incorporation of

SUN HAT SERVICES, INC.

(Name of Corpor	ration as currently filed with the Florida	Dept. of State)
P18000067115		
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc." or "Co". A professional co	The new scorporated" or the abbreviation or poration name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the	e name of the
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:	Will the certain carry	(21 - 23)
The state of the s	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen	t. I am familiar with and accept the oblig	0 -2
Si	ignature of New Registered Agent, if chang	ging Circle 100

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.

Example:

X Change	<u>PT J.</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DVP	LIORA PELEG	3220 SW 50TH ST
X Add			FT LAUDERDALE, FL 33312
Remove			
2) Change			
Add			
Remove			
3) Change		1-1	
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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			.	<u>.</u>
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an amendment provides for an exch provisions for implementing the ame	nange, reclassification ndment if not conta	on, or cancellatio	n <u>of issued shares</u> dment itself:	<u>.</u>
(if not applicable, indicate N/A)				
				
		·		

SEPTEMBER 27, 2018
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
SEPTEMBER 27, 2018
Signature (By a director, president or other officer – if directors or officers have not been
solected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)
JEFFRY PELEG
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)