P18000097582

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUNSHINE TRAI	NSPORT, INC.			
DOCUMENT NUMI	BER: P18000097582				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Michael R DeGenaro				
		Name of Contact Perso	n		
	SUNSHINE TRANSPORT, INC.				
		Firm/ Company			
	5779 ESTATES DR				
		Address			
	NORTH PORT, FL 34291				
	-	City/ State and Zip Cod	e		
	mdeg70@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
	n concerning this matter, pleas				
Michael R DeGenaro	···	at ()628-0255		
Name of Contact Person Area Code & Daytime T			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

SUNSHINE TRANSPORT, INC.				
	on as currently filed with	the Florida Dept. of State)		
P18000097582				
(Dосин	nent Number of Corporation	ı (if known)		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Prof</i>	it Corporation adopts the foll	owing amend	ment(s) to
A. If amending name, enter the new name of the co	orporation:			
	. <u></u>		The n	en.
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc., "chartered," "professional association," or the abbre	" or "Co". A professione	"incorporated" or the abbre il corporation name must co	viation "Corp intain the wo	" ord
B. Enter new principal office address, if applicable				_
(Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u>)		20	
		-	- 20 F	-
		- · · · · · · · · · · · · · · · · · · ·		_ [-]
C. Enter new mailing address, if applicable:			ပ်	. 🖵
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>)		 _	3
			ىدە دە	,
		-	=	- '
				_
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Floric office address:	la, enter the name of the		
Name of New Registered Agent				
	(Florida street address)	- -		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	-
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>istered Agent:</u> Lam familiar with and occe	nt the obligations of the positi	ion	
	The state of the s	ya me wagamaa ay me pasii		
Signa	tture of New Registered Age	ent, if changing		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	PTSD	_	Michael R DeGenaro	5779 ESTATES DR
X Add				NORTH PORT, FL 34291
Remove				
2) Change		_		
Add				
Remove 3) Change	•	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
····	
11444	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,	

The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this datment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(scient for approval.	s)
	ved by the shareholders through voting groups. The following statement or voting group entitled to vote separately on the amendment(s):	ent
	the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
Dated/36/	Du	
(By a direct selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other courfiduciary by that fiduciary)	1
Mi	CHAEL DEG-ENARO (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
<u>_</u> F	(Title of person signing)	
	(Title of person signing)	