P190000 17451

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cil	ty/State/Zip/Phone	= #)		
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(Bı	usiness Entity Nan	ne)		
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sunlife Investors
Firm Company NW 107 Avenue, Ste 400-N1 For further information concerning this matter, please call: at (954) (81 - 74 14)

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □ \$35 Filing Fee **₩\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Sunlife	Investors		<u></u>	·	
(Name of Corporation a			t, of State)		
P1°	1000017	451			
(Document	Number of Corpora	tion (if known)		· ·	
Pursuant to the provisions of section 607,1006, Florida Statist Articles of Incorporation:	atutes, this <i>Florida I</i>	Profit Corporation a	dopts the follow	ving amen	dment(s) t
A. If amending name, enter the new name of the corpo	oration: NA			The	ทอาก
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	'Inc," or "Co". A	npany," or "incorp professional corpor	orated" or the ation name mu	abbrevia	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	. :	2019 533 111	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		orida, enter the na	me of the	PH 3: 04	TI
Name of New Registered Agent	N/A	·····	<u> </u>	— —	
	(Florida street addres	3)	 ,		
New Registered Office Address:			_, Florida		
	(City)		(2)	ip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	n familiar with and o			n.	
Signatur	re of New Registered	Agent, if changing	, <u>. </u>	_	

* 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</u> <u>Johr</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PT	Louis Vargas	3105 NW 107 Avenue
Add		-	Suite 400 - NI
Remove			Doral, FL. 33172
2) X Change	<u> SV</u>	Daniel Arcelo	3105 NW 107 Avenue Suite 400-N1
Add			Doral, FL. 33172
3) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Auach addition	I sheets, if necessary). (h	3e specific)			
	N	14			
				. <u>.</u>	
··-		** =	 	· · · · · · · · · · · · · · · · · · ·	• •
					
					
					
provisions for	t provides for an exchang mplementing the amendn icable, indicate N/A)	e, reclassification, onent if not contained	r cancellation of issi in the amendment i	ued shares, tself;	
		N/A		<u> </u>	
	·				
·					
			· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:date this document was signed.	N/t	, if other than the
	NA	
(no	more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not medocument's effective date on the Department of State		nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>(ONE</u>)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		mendment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grounds.		
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval	
by	group)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and shareholder	reholder
Dated 3/8/19		
	or other officer – if directors or officers have rator – if in the hands of a receiver, trustee, of hat fiduciary)	
	aniel Arcelo	
	ed or printed name of person signing) Secreta	IN D
	(Title of person signing)	AT VI VI