## P19000 065 221

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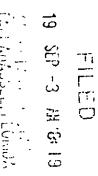
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SEP 1 1 2019 S. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUNKEN TREASU	FRE VENTURES, INC			
DOCUMENT NUMBER: P19000065221				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matt	er to the following:			
RODNEY S WHITE CPA				
Name of Contact Person				
RODNEY'S WHITE CPA	RODNEY S WHITE CPA			
·	Firm/ Company			
4650 LIPSCOMB ST NE, SUITE 20				
-	Address			
PALM BAY, FL 32905				
	City/ State and Zip Code			
RODWHITECPA@EARTHLINK.	NET			
E-mail address: (to be use	ed for future annual report notification)			
For further information concerning this matter, please	e call:			
RODNEY S WHITE CPA	at () 728-9366			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:			
\$35 Filing Fee  S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee 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

## SUNKEN TREASURE VENTURES INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000065221	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u> )	$\frac{ESS}{2}$ )
	2 77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Manny dances MAT BEAT OF THE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: im familiar with and accept the obligations of the position.
•	
<del></del>	re of New Registered Agent, if changing

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PS	RODNEY WHITE	2842 WATKINS DRIVE
Add			MELBOURNE, FL 32901
X Remove			
2) Change	PS	JULIE SHAW	2842 WATKINS DRIVE
XAdd			MELBOURNE, FL 32901
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

	<mark>ling or adding additional Arti</mark> dditional sheets, if necessary).	(Be specific)	
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			·
<u>If an am</u>	endment provides for an excl	ange, reclassification, or cancellati	on of issued shares,
provision (if	ons for implementing the ame not applicable, indicate N/A)	ndment if not contained in the ame	ndment itself:
197	то арупсате, таксае (чл)		
-			

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendm	eni file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	oval
by(voting group)	<sup>;;;</sup>
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
8/22/2019 Dated	
Signature X	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
STAYTON J SHAW	
(Typed or printed name of person signi	បនិ)
VPT	

(Title of person signing)