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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SANUS VICTA INC.					
DOCUMENT NUMBER: 172 0000 14634					
he enclosed Articles of Amendment and fee are submitted for filing.					
lease return all correspondence concerning this matter to the following:					
DAVID OWENS Name of Contact Person					
Name of Contact Person					
SANUS VICTA INC.					
SANUS VICTA INC. Firm/ Company					
7936 BANFLOWER WAY					
7930 BAY FLOWER WAY Address					
ORLANDO, FL 32836 City/ State and Zip Code					
DAVID © SANUSVICTA . (OM) E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
or further information concerning this matter, please call:					
DAVID OWENS at (321) 442-3037 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

Articles of Amendment Articles of Incorporation

ZUNAZ	VICTA	INC
JL 110 0	\circ	1130

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

P20000014634

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Iorida Profit C	orporation a	dopts the follow	ving amendment
A. If amending name, enter the new na	me of the corporation:				The
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	orp," "Inc," or "Co". A				
B. Enter new principal office address, (Principal office address MUST BE A ST			· · · · · · -		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C					2020 : -2
D. If amending the registered agent an new registered agent and/or the new	registered office address:			me of the	PH 2: 58
Name of New Registered Agent	DAVID MAKION	OME NZ	11c.	<u></u> _	 -
New Registered Office Address:	(Florida stree	et address)		, Florida	<u> </u>
	(1	City)		(7.	ip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officer address of each Officer (Attach additional sheets Please note the officer/dip = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lee Mike Jones, V as Remove Example;	and/or D , if necess frector titl President Chief Fi rector wo Lin the fo wes the c	Director being ac sary) le by the first letto t: T= Treasurer: inancial Officer, odd be PTD, llowing manner, corporation, Sally	Ided: S= Secretary; D If an officer/direc Currently John L Smith is named t	e: = Director; TR= Tri tor holds more than Doe is listed as the P	ustee: C = Chairman or one title, list the first let PST and Mike Jones is li	r Clerk; CEO = C ter of each office h sted as the V. Ther	lhie held re i:
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)	<u>Title</u>	<u>Name</u>			Address		
1) X Change	<u>CEO</u>	<u>D</u> 201	HOWAIN G	CWENS, JR.	7930 BAY	FLOWER WA	AM
Add					ORLANDO,	FL 32831	10
Remove						<u> </u>	
2) Change						<u> </u>	
Add						<u> </u>	
Remove 3) Change							
Add						<u> </u>	
Remove						<u> </u>	
4) Change						<u> </u>	
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5) Change		_				<u> </u>	
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6) Change		_				 	
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tach additional sheets, if necessary). (Be specific)			
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n amendment provides for an exchange, reclassification, or ca	ncellation of issued shar	es,	
n amendment provides for an exchange, reclassification, or cap ovisions for implementing the amendment if not contained in t (if not applicable, indicate N/A)	he amendment itself:		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	S(S)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated8/30/2020	
Signature (Russ diseases analyses of the state of the sta	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cot appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	1