P21000039432

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Effect: 5-15-21

SECRETARY OF STATE

6/23/21 88

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUNDANCE DAY	Y FLORIDA INC	
	BER: P21000039732		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DANIEL PINGUYEN		
		Name of Contact Person	1
		Firm/ Company	
	10491 SIX MILE PKWY ST	E 244	
		Address	
	FORT MYERS, FL 33966		
		City/ State and Zip Code	!
	thanhdduong@yahoo.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further informatic	n concerning this matter, plea	se call:	
DANIEL P NGUYE	×.	404	226-8113
Name	of Contact Person	at (at Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation of

	16115	K K 1771	15 4 5 5			151/-
` '	TXII.	ANCE	114)	3·1 ())	CH 3A	TO:

SUNDANCE DAY FLORIDA INC			
(Name of Corporation as cur	rently filed with the Florida <u>E</u>	Dept, of State)	
P21000039732			
(Document Numb	ber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	n adopts the following amendment(s	i) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
		The new,	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation		
D. Enter now eximainal office address if applicables		20 2	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			T]
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		表 5 万	_
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C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			155
		7E 22	
	<del></del>	· · ·	
D. If amending the registered agent and/or registered office	uddens in Florida antor the	man of the	
new registered agent and/or the new registered office add		name of the	
	<del>' '</del>		
Name of New Registered Agent			
(Floric	da street addressi		
V mar D main to mar I ( William ) ( I have a		PL 2 L	
New Registered Office Address:	(City)	, Florida	
		•	
New Registered Agent's Signature, if changing Registered A	vent:		
Thereby accept the appointment as registered agent. I am fami		tions of the position	
Signature of N	ew Registered Agent, if changir	g .	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (e) 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)

٠,

Example:

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 Emancial 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 Doc 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 Ghange, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	SANDY PHAN	9400 SCARLETTE OAK AVE
Add X Remove			FORT MYERS, FL 33967
2) Change	P	PHONG TRAN	310 SE 17TH AVE
X Add			CAPE CORAL, FL 33990
Remove Change			
Add			
Remove 4) Change		<u> </u>	
Add Remove			
5) Change			
Add			-
Remove 6) Change			
Add			
Romove			

(Attach <i>addi</i>	g or adding additional A itional sheets, if necessary	), (Be specific)			
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If an amen	dment provides for an e	vehange, reclassific	ation, or cancellatio	n of issued shares,	
(if not	for implementing the a applicable, indicate N A)	menament ii not co	mamed in the amen	iqment usen:	
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The date of each amendment(s) as	loption:	, if other than the
date this document was signed.  05/1  Effective date if applicable:	5/2021	
	ono more than 90 days after amendment file o	late)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sho	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the flicient for approval.	: amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amona	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy		
	tyoting group)	
Dated <u>05/06</u> Signature	2021 Pandyllia	
selecte	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	SANDY PHAN	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	