P2200001199

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(Address)
, ,
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PACC SUN Enterprises, Inc (Changing to Star Touch Agency, Inc)				
	DOCUMENT NUMBER: P22000001199			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Christina Aude			
	Name of Contact Person			
	Firm/ Company			
	1155 Tuckaway Dr	-		
	Address			
	Rockledge, FL 32955			
		City/ State and Zip Code		
	christina.aude@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Christina Aude		at (980-2779	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:	
\$35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment Articles of Incorporation

of

PACC SUN ENTERPRISES, INC		SECONT PH 2.
(Name o	of Corporation as current	tly filed with the Florida Dept. of State)
P22000001199		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
STAR TOUCH AGENCY, INC.		The new
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET <u>ADD</u> RESS)	N/A
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)	N/A
 If amending the registered agent an new registered agent and/or the new 		
Name of New Registered Agent	Christina Aude	_
	1155 Tuckaway Dr	
	(Florida st	treet address)
New Registered Office Address:	Rockledge	. Florida 32955
rem negativa Office reariess.		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		
	Signature of New 1	Registered Agent, 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)

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 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	Name	<u>Addres</u> s
1) X Change	P	Christina Aude	1155 Tuckaway Dr
Add			Rockledge, FL 32955
Remove			
2) Change	<u>s</u>	Peter Aude	1155 Tuckaway Dr
Add			Rockledge, FL 32955
Remove 3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A	(be specific)
<u> </u>	
 It an amendment provides for an exc provisions for implementing the am 	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	
	

		N/A		
The date of each at		option:		, if other than th
date this document	_			
Effective date <u>if ap</u>	N/A			
Directive date it ap	pheable.	(no more th	han 90 days after amendment file date)	·
		ock does not meet the a partment of State's recor	applicable statutory filing requirements, this dards.	ate will not be listed as th
Adoption of Amen	dment(s)	(CHECK ONE)		
The amendment(action was not re	· · -	ited by the incorporator	s, or board of directors without shareholder act	ion and shareholder
		ited by the shareholders	s. The number of votes cast for the amendment	(s)
			rs through voting groups. The following statem ed to vote separately on the amendment(s):	ent
"The numb			as/were sufficient for approval	
by	ſ	J A	"	
,		(voting group)	- -	
D	ated	NA		
Si	gnature	NIA		
	selected.		r officer – if directors or officers have not been f in the hands of a receiver, trustee, or other cou ciary)	
			NA	
		(Typed or pri	inted name of person signing)	
			NÍA	
	_	(Title of person	on signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: PACC SUN Enter	prises, Inc (Changing to Sta	ar Touch Agency, Inc)	
DOCUMENT NUM	BER: P22000001199			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Christina Aude			
		Name of Contact Person	1	
		Firm/ Company		
	1155 Tuckaway Dr	. ,		
	Rockledge, FL 32955	Address		
	City/ State and Zip Code			
	christina.aude@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Christina Aude		at (310	980-2779	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ting Address ndment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	