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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2017 JUL -5 PM 2:5

C. GOLDEN

JUL 11 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Urhan Sunshine, Inc. NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$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** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

2017 JUL -5 PM 2:51

| Urban Sunsh | line, Inc. " |
|--|---|
| (Name of Corporation as current | ly filed with the Florida Dept. of State), 1,430EE. FLORIDA |
| P940000 | 31154 |
| (Document Number of | f Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or " word "chartered," "professional association," or the abbreviation | 'Co". A professional corporation name must contain the |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 505 Tiberon Cove Rd. Longwood, FL 32750 |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | DOS Tiberon Cove Rd. Longwood ,FC 32750 |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres | |
| Name of New Registered Agent Traci Per | 1-ur |
| 505 Tibe a | on Gove Ne. |
| New Registered Office Address: | (City) , Florida 32750 (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | t: with and accept the obligations of the position. |
| | |
| Signature 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.

| Example: X Change | PT John | n Doe | |
|-------------------------------|-----------------------|---------------|---------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>P</u> | Mark Wuilliez | 1420 E. AH. Dr. |
| Add | | | AH. Spas. FL |
| Remove | | | 32701 |
| 2) Change | <u>P</u> _ | Traci Pettzer | 505 Tiberon Cove Rd |
| X Add | | | Lorywood, Fe 32752 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach a | ding or adding dditional sheets | s, if necessary). | (Be specif | ic) | . | | | |
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| f an an | endment prov | ides for an exc | hange, recla | ssification, o | r cancellatio | n of issued sh | ares, | |
| <u>provisi</u> (if | ons for implen not applicable, | indicate N/A) | <u>enament it n</u> | ot contained | in the ainen | ament usen: | | |
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| 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 amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s): | ient |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. | ler |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated (0 29 17 | |
| | |
| Signature | - |
| (By a difector, 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 countries of the countries of | |
| appointed fiduciary by that fiduciary) | ii t |
| Traci Pettor | |
| (Typed or printed name of person signing) | |
| President | |

(Title of person signing)