555488

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1.

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Tampa Bay Rewa	ards, Inc.	
DOCUMENT NUMBER:	S58488		
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
Francine	Wiggins		
		Name of Contact Person	1
Tampa B	lay Rewards, Inc.		
		Firm/ Company	
1910 Soi	mmerset Place		
		Address	
Clearwat	er, FL 33760		
	•	City/ State and Zip Code	е
franwiggins@r	ocketmail.com		
E-ma	il address: (to be us	sed for future annual report	notification)
For further information concerni	ng this matter, pleas	se call:	
Francine Wiggins		727 at (531-1022
Name of Contact	Person		de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	urtment of State:
-	3.75 Filing Fee & rtificate 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 Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, F.	ection prporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Articles of Amendment to Articles of Incorporation of



Tampa Bay Rewards, Inc.

(Name of Corporat	tion as currently filed with the Florida Dept. of State)
S58488	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
Sunrise Marketing, Inc.	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicabl	le:
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Circ	nature of New Registered Agent. if changing
3121	AGIGIE DI MEN REPRIBIEGI MYEMI. II DIGMYYMY

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	· · · · · · · · · · · · · · · · · · ·			
Add				
Remove				
2) Change				
Add				4
Remove				W
3) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
—				
6) Change		_		
Add				
Remove				

	. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,		
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:		
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The date of each amendmen date this document was signed		the
date this document was signed	a. April 29, 2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.	the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	4/29/15	
Signature	Francia Wignin	
	By a director, president or other efficer – if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Francine Wiggins	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	