## P0300023700

(Requestor's Na	ame)
(Address)	
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FILED IN WIT SECRETARY OF STATE

100C 8/17/ho

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

·	
NAME OF CORPORATION: 1 Stopland	15cape + brick paver Supp
DOCUMENT NUMBER: P03000	)23700
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Michelle Warne of Conta	act Person
Firm/ Con	npany
2500 Whitfield	d Ave
Sarasota RC City/ State and	24/24/3 Zip Code
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call	:
Name of Contact Person at C	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
Certificate of Status Cer	.75 Filing Fee & S52.50 Filing Fee tified Copy ditional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amer Division of Corporations Divis P.O. Box 6327 Clifto	t Address adment Section ion of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

## **Articles of Incorporation**

FILED

	of		
1 Stop Landsca (Name of Corporation as currently) P0300000	pe & Bric My filed with the Florid		ECRETARY OSTATE LLAHASSEE, FLORIDA
(Document Num	ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F		
A. If amending name, enter the new name of  Stop louds Cape Sup  name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the oname must contain the word "chartered," "profes	PUS YOU OW he word "corporation," designation "Corp," "Inc	, or co. A projessi	ional corporation
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			
D. If amending the registered agent and/or renew registered agent and/or the new registered		n Florida, enter the nar	ne of the
Name of New Registered Agent:			
<u>New Registered Office Address</u> :	(Florida street d	address)	
-	(Ct. )	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		and accept the obligation	s of the position.
Sig	gnature of New Registered	d Agent, if changing	

<u>Title</u>	Name	Address	Type of Action
<u>i itie</u>	<u>Manie</u>		
<del></del>	· · · · · · · · · · · · · · · · · · ·	·	
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			<u> </u>
		exchange, reclassification, or cancella	
provis		mendment if not contained in the am	
provis	ions for implementing the a	mendment if not contained in the am	
provis	ions for implementing the a	mendment if not contained in the am	
provis	ions for implementing the a	mendment if not contained in the am	

The date of each amendment(s) adoption:
Effective date if applicable: (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
by"  (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
(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 court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President (Title of person signing)