# 388709

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		1		

Office Use Only



800246541158

04/12/13--01009--008 \*\*35.00



Alverd, 4-22-13 Dc

# **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SQUARE'S ISLAND LANDSCAPING, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SCOTT SQUARE Name of Contact Person SQUARE'S ISLAND LANDSCAPING, INC. 200 SABAL PALM ROAD Address NAPLES, FL 34114 City/ State and Zip Code SCOTTSQUARE07@ME.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 774 - 140 Area Code & Daytime Telephone Number SCOTT SQUARE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment Articles of Incorporation of

ent(s) to

(Name of Corporation as	s currently filed with the Flor	rida Dept. of Sta	<u>te</u> )
(Docume)	nt Number of Corporation (if k	nown)	
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006. Florida Statutes, this <i>Flo</i>	orida Profit Corp	oration adopts the following ar
. If amending name, enter the new na	ame of the corporation:		
		·	Th
ame must be distinguishable and con Corp.," "Inc" or Co.," or the design vord "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professiona	al corporation name must con
Enter new principal office address.			
Principal office address <u>MUST BE A S</u>	IRLEI ADDRESS )	T-T-T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	***************************************
Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
. If amending the registered agent ar new registered agent and/or the ne		s in Florida, ente	er the name of the
Name of New Registered Agent	SCOTT SQUAF	RE	
Name of New Registered Agent	200 SABAL PA		<u> </u>
	(Florida street		
New Registered Office Address:	NAPLES		, Florida 34114 (Zip Code)
	(City)		(Zip Code)
	•		, <b>,</b>
New Registered Agent's Signature, if c hereby accept the appointment as regist		h and accept the	obligations of the position.
Sæ	off 6- Soupre	<u> </u>	
Si	gnature of New Registered Ago	ent, 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	<u>PT</u> <u>John D</u>	<u>ooe</u>		
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	ST	JENNIFER MITCHELL	260 SABAL PALM ROAD	
Add	<del></del>		NAPLES, FL 34114	
X Remove				
2) X Change	Р	JAMES A. SQUARE	200 SABAL PALM ROAD	
Add			NAPLES, FL 34114	
Remove				
3) Change	P.VP,S. T	SCOTT SQUARE	200 SABAL PALM ROAD	
X Add			NAPLES, FL 34114	
Remove				
4) Change	VP	DAN ISAACSON	293 MONTEREY DRIVE	
Add			NAPLES, FL 34119	
X Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

12-31-12 The date of each amendment(s) adoption: \_\_ Effective date if applicable: (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 (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. (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) (Title of person signing)