422125

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
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SECRETARY OF STATE

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Amend + MC 78 6/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	J.C.Weaver corp.				
DOCUMENT NU	JMBER:					
The enclosed Artic	cles of Amendment and fee a	submitted for filing.				
Please return all co	orrespondence concerning th	matter to the following:				
		HN C. WEAVER	*****			
	Name of Contact Person					
	Firm/ Company					
	7085 HIGHWAY 225					
	Address					
	OCALA, FLORIDA 34482 City/ State and Zip Code					
	AGATO	25@AOL.COM for future annual report notification)				
	E-man address. (to be use	or future annual report nonneation)				
	ation concerning this matter,					
JC	OHN C. WEAVER	at (352)369-3676				
Name	e of Contact Person	Area Code & Daytime Telephone Nu	mber ·			
Enclosed is a chec	k for the following amount n	de payable to the Florida Department of	State:			
☑ \$ 35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy Certif (Additional copy is enclosed) Certif	O'Filing Fee icate of Status ied Copy tional Copy is enclosed)			
Mailing Address		Street Address				
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				
Tellahassaa El 27214		2661 Evecutive Center Circle				

Tallahassee, FL 32301



June 9, 2009

JOHN C WEAVER 7085 HIGHWAY 225 OCALA, FL 34482

SUBJECT: J. C. WEAVER CORPORATION

Ref. Number: 422125

We have received your document for J. C. WEAVER CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check only one appropriate box on the amendment form regarding the adoption of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 009A00019399

SECRETARY OF STATE TALL AHASSEE. FLORIO

00:8 MA TINUL 800S

RECEIVED

Articles of Amendment

to

Articles of A	Amendment
Çε V to	P
Articles of In	icorporation ' // 🦰
01	f 2009 C
び、CWEAVER CO	Amendment of Corporation of Corpora
(Name of Corporation as currently filed with	h the Florida Dent of State) ALL ARETA
(Avenue of Corporation as early they med with	AHASSE OF C.
	- CE. FLOAT
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporat	ion:
Patchy Fog Farm (Corp. The new
ame must be distinguishable and contain the word "co	orporation," "company," or "incorporated" or the
bbreviation "Corp.," "Inc.," or Co.," or the designation "	"Corp," "Inc," or "Co". A professional corporation
ame must contain the word "chartered," "professional assoc	ciation," or the abbreviation "P.A."
	1085 Highway 225 OCALA, FL 34480
Enter new principal office address, if applicable:	1803 HIZKERY
Principal office address <u>MUST BE A STREET ADDRESS</u>) OCNA, FL 34480
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7085 Highway 225
(Marie 1907)	LYDY I HAIRING LED
	Ocala, FL 34482
. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	AND 1-16
•	
New Registered Office Address: (Flo	orida street address)
	Marida
	y) (Zip Code)
(City	y) (Zip Code)
Jaw Desistaned Agent's Signature if shoughs Desistaned	Amanta
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	
(1162	ew Registered Agent, if changing
Signature of Na	ow Registered Agent if changing
Signifiante of ive	Italian on rigori, y 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)

<u>Title</u>	<u>Name</u>			Address		Type of Action
1_11_11_11			- Jana			☐ Add ☐ Remove
						☐ Add ☐ Remove
			·			☐ Add ☐ Remove
		s, if necessary). (Be				
<u>provis</u>	nmendment pro tions for implen not applicable, i	vides for an exchang	ze, reclass ent if not	iffication, or canc contained in the	ellation of iss amendment i	ued shares, tself:
	поі аррисавіе, і	naicuie WA)	N	A		
	7.4.5	- Pr-shauke				
					T-7.	

The date of each amendmen	t(s) adoption; June 04 2009
	(date of adoption is required) (no more than 90 days after amendment file date)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	,"
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated June	John C. Weaver
Signature	John C. Weaver
(By	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	John C. Weaver
	(Typed or printed name of person signing)
	President
	(Title of person signing)