232 (Requestor's Name) (Address) 300333788183 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 09/03/19--01002--017 \*\*43.75 (Business Entity Name) 2019 SEP - 3 PH 1: 40 (Document Number) S TALLENT **Certified Copies** Certificates of Status \_ SEP 0.3 2019 Special Instructions to Filing Officer: H . · . 18 SEP - 3 PH 1: 09 11 v Office Use Only Nell

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Southern Agricultural Consultants Inc
DOCUMENT NUMBER: 524232
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

101 the e; Name of Contact Person 6 Address <u>GA 31792</u> Them QS City/ State and Zip Code hod. Con / tuture annual report notification. be used for ess: (19

For further information concerning this matter, please call:

- pi

310 Cher at St Area Code & Daytime Telephone Number Name of Contact

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

		Articles of Ame	endment		
		to			
		Articles of Incor	poration		
	outhern	AAYiw	<u>Hural</u>	Cinsulfan ida Dept. of State)	ts, hc
	( <u>evanie or corp</u>	52423	2		
<u> </u>	(E	Document Number of C	forporation (if know	vn)	

its Articles of Incorporation:

## A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A."

 

 (Principal office address MUST BE A STREET ADDRESS )

 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

 Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

\_\_\_\_\_, Florida\_

The new

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld 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 Doe V Mike Jones X Remove <u>SV</u> X Add Sally Smith Address <u>Title</u> Type of Action Name (Cheek One) they Fletcher 2962 Huy 319 South Humashille, CH 31792 I) \_\_\_\_ Change Add \_\_\_\_\_ Remove Kane Whitehust ung Poi 2) \_\_\_\_ Change asser, HL 3 à Add Remove pathe Honn 3) \_\_\_\_ Change Mahasser FL 32: \_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ 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)

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F. If an amendment provides	for an exchange, reclass	ification, or can <u>cellatio</u>	n of issued shares,	
provisions for implement	ing the amendment if no	t contained in the amen	<u>idment itself:</u>	
(if not applicable, indi	icate N/A)			
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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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
(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 09/03/19
Signature Hollt
(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)
\$ PT
(Title of person signing)

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