

543820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/20/10--01030--009 \*\*52.50

SECRETARY OF STATE  
MAINE OFFICE

11 JAN 19 AM 11:04

FILED

71C  
Amend.  
01-19-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2010

JAMES C. WILLIAMS  
THE APOTHECARY SHOP, INC.  
1187 SOUTH LAKESHORE BLVD.  
LAKE WALES, FL 33853

SUBJECT: APOTHECARY SHOP, INC.  
Ref. Number: 543820

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L05000065219.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 410A00030011

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JAN 19 AM 6:35

RECEIVED

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**BUNTING, TRIPP & INGLEY, LLP**

*Certified Public Accountants*

P. O. Box 990

Lake Wales, Florida 33859-0990

Telephone (863) 676-7981

Facsimile (863) 676-8899

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TO: Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

MESSAGE

January 12, 2011

**SUBJECT: The Apothecary Shop, Inc.**  
**Ref. Number: 543820**

We have enclosed the corrected Articles of Amendment to Articles of Incorporation for Apothecary Shop, Inc. Please acknowledge receipt.

Very truly yours,

**BUNTING, TRIPP, & INGLEY, LLP**

Certified Public Accountants

RAI/slb

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** THE APOTHECARY SHOP, INC.

**DOCUMENT NUMBER:** 543820

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES C. WILLIAMS

Name of Contact Person

THE APOTHECARY SHOP, INC.

Firm/ Company

1187 SOUTH LAKESHORE BLVD.

Address

LAKE WALES, FL 33853

City/ State and Zip Code

jamesw9773@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES C. WILLIAMS

Name of Contact Person

at ( 863 ) 676-4154

Area Code & Daytime Telephone Number

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

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is 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

Articles of Amendment  
to  
Articles of Incorporation  
of

APOTHECARY SHOP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

543820

(Document Number of Corporation (if known))

FILED  
11 JAN 19 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

~~LINDEN PROPERTIES, INC.~~ LINDEN LANE PROPERTIES, INC. *The new*

*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."*

**B. Enter new principal office address, if applicable:**

1187 SOUTH LAKESHORE BLVD.

(Principal office address MUST BE A STREET ADDRESS)

LAKE WALES, FL

33853

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

JAMES C. WILLIAMS

New Registered Office Address:

1187 SOUTH LAKESHORE BLVD.

(Florida street address)

LAKE WALES

(City)

, Florida 33853

(Zip Code)

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 12-15-10  
(date of adoption is required)

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

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 12-15-2010

Signature

James C. Williams  
(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)

JAMES C. WILLIAMS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)