567894

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REDLAND NUR	SERY, INC.	
DOCUMENT NUMB	ER:		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
?	MICHAEL A. FISCHLER, E	ESQUIRE	
_		Name of Contact Perso	n
I	FISCHLER & FRIEDMAN,	P.A.	
-	••••	Firm/ Company	
1	000 SOUTH ANDREWS A	VENUE	
=		Address	
I	FORT LAUDERDALE, FL	33316	
-		City/ State and Zip Cod	le
	MICHAEL@FFPA-LAW	COM	
-	E-mail address: (to be us	sed for future annual report	t notification)
For further information	concerning this matter, pleas	se call:	
JEFFREY DEMOTT		at (248-5109
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 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		Amen Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



REDLAND NURSERY, INC.

(Pame of Co	rporation as currently filed with the Flo	
` `	567894	SECRETARYS STATE
	(Document Number of Corporation (if known	own)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this Florida Profit Corp	noration adopts the following amendment(s)
A. If amending name, enter the new name o	of the corporation:	
		The new
name must be distinguishable and contain ("Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession	"incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREI</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
		er the name of the
		or the name of the
O. If amending the registered agent and/or new registered agent and/or the new reg		
new registered agent and/or the new reg	istered office address:	
new registered agent and/or the new reg	istered office address:	
· · · · · · · · · · · · · · · · · · ·	istered office address:	

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 = 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>	John Do	<u> </u>			
X Remove	<u>v</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
I) Change	STD		DEMOTT, CAROLYN G.		18455 S.W. 264th ST.	
Add					HOMESTEAD, FL 33031	
X Remove						
2) X Change	PSTD	_	DEMOTT, JEFFREY C.		18455 S.W. 264th ST.	
Ađd					HOMESTEAD, FL 33031	
Remove						_
3) Change		_				
Add						
Remove						
4) Change				_		
Add						
Remove						
5) Change		_		_		
Add						
Remove						
6) Change						
Add	-	_		_		
Remove						

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable in 1 a 200	different if not contained in the amendment itself:
(y noi appiicaoie, indicate N/A)	
(if not applicable, indicate N/A)	
(у погаррисаоте, marcate N/A)	
(y noi applicaole, maicale N/A)	
(у ног аррисаоге, такаге N/A)	
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(y noi appiicaole, indicate N/A)	
(у ног аррисаоте, таксате N/A)	

The data of such assess to	APRIL 19, 2019	
The date of each amendment(s date this document was signed.	adoption:	, if other than th
Effective date if applicable:	APRIL 19, 2019	
Enective date in applicable;	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date vibepartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) is sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder	
•	. 25, 2019	
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JEFFREY C. DEMOTT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	