593890

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SECRETARY OF STATE DIVISION OF LORPORATIONS

Anund 10/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:CLON+	s FARMS, INC.	
DOCUMENT NUMBER: 593896		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
REX CLONTS (Name of Co	ontact Person)	
CLONTS FARMS	Company)	
P.O. Box 6229/6	dress)	
OviEdo, FL 3 (City/ State	3 2 7 6 2 - 2 9 1 6 and Zip Code)	
For further information concerning this matter, ple	ase call:	
(Name of Contact Person)	_ at (<u>407</u>) <u>468-1</u> (Area Code & Daytime To	2 42 elephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Depar	tment of State:
\$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 Circ Tallahassee, FL 32301	le

Articles of Amendment to Articles of Incorporation

of	1865 C
Chonts FARMS FAC.	Copy Top
(Name of Corporation as currently filed with the Florida Dept. of State)	
593896	Pu
(Document Number of Corporation (if known)	بي ج
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> following amendment(s) to its Articles of Incorporation:	on adopts the

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

the new name must be alstinguishable to "incorporated" or the abbreviation "Corp.," "Co". A professional corporation nam association," or the abbreviation "P.A."	"Inc.," or Co.	," or the designa	ation "Corp," "Inc," or
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		1001 Oviedo	GENEVA DRIVE FL 32765
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		P.O. Box Oviedo, FL	62 <u>2916</u> 32762-291 6
D. If amending the registered agent and/or new registered agent and/or the new reg			da, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:		ENEVA Di ida street address	
	OviEda	(City)	, Florida_ <u>32765</u> (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>	Address	Type of Action
<u>STD</u>	BARB BARA CLONTS	619 Hidden PiNE Ct Apopha, FL 32712	Add Remove
<u>5T</u>	Patrick Roy CLONTS	1249 Apache Dr. Geneva, FL 32732	Add Remove
	<u></u>		Add Remove
	ding or adding additional Articles, ento dditional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, roons for implementing the amendment i		
(<i>y r</i>	not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·	

Th	e date of each amendment(s) adoption:
Ef	fective date <u>if applicable</u> : 10-29-0B (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Ad	loption of Amendment(s) (<u>CHECK ONE</u>)
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)
	(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
	Signature A. R. L. Signature (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)
	W. REX Charts TR. (Typed or printed name of person signing)
	(Title of person signing)