## F1700001133

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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| Office Lies Only                        |  |  |  |  |  |



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SECRETARY OF STATE

MITANASSEE FROMA

OCT 02 2017 S. YOUNG

## COVER LETTER

| TO:    | Amendment Section Division of Corporations              |   |
|--------|---|---|
| SUBJ   | Greenleaf Architects, APAC N                            |   |
|        | Nan   | ne of Corporation   |
| DOC    | UMENT NUMBER:   |   |
| The e  | nclosed Amendment and fee are sub                       | omitted for filing.   |
| Please | return all correspondence concerni                      | ng this matter to the following:  |
| Kaitly | n Greenleaf   |   |
|        | Name of Contact Person                                  |   |
| Greenl | eaf Lawson Architects, A Professional Arc               | chitectural Corporation   |
|        | Firm/Company  |   |
| 215 St | Ann Drive Ste 5   |   |
|        | Address   |   |
| Mande  | ville, LA 70471   |   |
|        | City/State and Zip Code                                 |   |
| kgreen | leaf@greenleaflawson.com                                |   |
| Ē      | -mail address: (to be used for future an                | nnual report notification)  |
| For fu | rther information concerning this m                     | natter, please call:  |
| Justin | Greenleaf   | 985 778-2080  |
|        | Name of Contact Person'                                 | at (\$\frac{985}{2}\$ \frac{778-2080}{\text{Area Code & Daytime Telephone Number}}  |
| Enclo  | sed is a check for the following amo                    | ount:   |
| 1      | \$43.75 Filing Fee S43.75 Filing Fee Certificate of Sta | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|        | ng Address:   | Street Address:   |

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

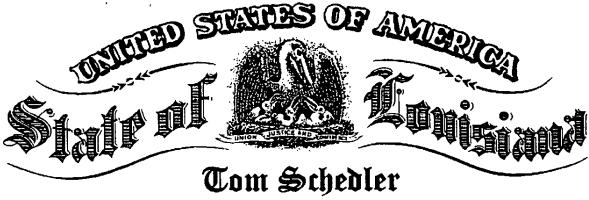
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

|  | (Document number of corp   | oration (if known)   |  |   |
|--|--|--|--|---|
| 1. Greenleaf Architects, A Professional Archite  | ectural Corporation  |  |  |   |
| (Name of corpor  | ration as it appears on the r  | ecords of the Department   | t of State)  |   |
| 2. Louisiana   |  | 3. 7/30/2017 (Date authorized                                    | ۽ آھي  | クロップ (<br>・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ |
| (Încorporated under law  | s of)  | (Date authorized   | d to do business in  | Florida)<br>E ∽                                 |
|  |  |  | <b>5</b>   |   |
|  | SECTION  | III  | SE   | 1 E   |
| (4-7 cc  | OMPLETE ONLY THE A   | PLICABLE CHANGES   | $\mathbf{s}$ )   | <b>₹ ₽ ©</b>                                    |
|  |  |  | 86   | ြို့ ယူ   |
| 4. If the amendment changes the name of  |  | en was the change eff  | fected under   | Hawsof .  |
| its jurisdiction of incorporation? $\frac{8/23}{2}$  | 72017  |  | *  |   |
| 5. Greenleaf Lawson Architects, A Professiona  | l Architectural Corporation  |  |  |   |
| (Name of corporation after the amendappropriate abbreviation, if not contains  | dment, adding suffix "o<br>tained in new name of                         | corporation," "comp<br>the corporation)                          | any," or "incor  | porated," or                                    |
| (If new name is unavailable in Florida business in Florida)  | a, enter alternate corpo   | rate name adopted fo   | or the purpose of  | f transacting                                   |
| 6. If the amendment changes the period   | of duration, indicate n  | ew period of duratio   | n.   |   |
|  | (New durati  | on)  | _  |   |
| 7. If the amendment changes the jurisdi  | ction of incorporation,  | indicate new jurisdi   | ction.   |   |
|  | (New jurisdic  |  |  |   |
| 8. Attached is a certificate or document 90 days prior to delivery of the applic having custody of corporate records i | of similar import, evice cation to the Department the jurisdiction under | lencing the amendment of State, by the Se rather laws of which i | ent, authenticat<br>ecretary of State<br>it is incorporate | ed not more than<br>or other official<br>d.     |
| (Signatur<br>of a rece   | e of a director, president or<br>iver or other court appoints            | other officer - if in the h                                      | ands<br>ciary)   | _   |
| Justin Greenleaf   |  | Owner/Presider   | • .  |   |
| (Typed or printed name of perso  | on signing)  | (Title of  | person signing)  | _   |



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana I do hereby Certify that

a copy of an Amendment to the Articles of Incorporation of

GREENLEAF ARCHITECTS, A PROFESSIONAL ARCHITECTURAL CORPORATION

Domiciled at MANDEVILLE, LOUISIANA, changing the corporate name to

GREENLEAF LAWSON ARCHITECTS, A PROFESSIONAL ARCHITECTURAL CORPORATION

Was filed and recorded in this Office on August 23, 2017.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 23, 2017

Certificate ID: 10862536#3PK73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.ta.gov

Secretary of State
SD 41730085D