G58897

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Hays Harvesting, Inc. DOCUMENT NUMBER: G58897 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathy Day Name of Contact Person Hays Harvesting, Inc. Firm/ Company 3521 Eleven Mile Road Address Fort Pierce, FL 34945 City/ State and Zip Code hays tiffany@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathy Day Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of	Incorporation
	of (

Havs	HARVESTIM, INC.	
(Name of Corporation as	currently filed with the Florida Dept of State)	
	(x58897	
(Documer	nt Number of Corporation (if known)	_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following	ing amendment(s) to
A. If amending name, enter the new na	nme of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorporated" or the tation "Corp," "Inc," or "Co". A professional corporation name mustion," or the abbreviation "P.A."	abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX)	FE OCT -5 AH &
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, enter the name of the wregistered office address:	-
Name of New Registered Agent	Kathy Day	,
	3521 Eleven Mile Road	
	(Florida street address)	
New Registered Office Address: Fort Pierce , Florida FL, 349		<u>5</u>
	(City) (Zip Code)	
	hanging Registered Agent: level agent. I am familiar with and accept the obligations of the position gnature of New Registered Agent, if changing	ι.

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 <math>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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Peter B. Hays Jr.	4420 1st St.
Add			Vero Beach, FL
X Remove			32968
2) Change			
Add			
Remove			
3)Change			
Remove			
4) Change	<u></u>		
Add			
Remove			-
5) Change			
Remove			
6) Change			
			
Add			
Remove			

N/A				
		×		
			- Posteri	
				
F. If an amendment provides for an exchang provisions for implementing the amendm (if not applicable, indicate N/A)	e, reclassificat	ion, or cancell ained in the ai	ation of issued : mendment itself	shares. E
As of 03/15/04:				
Peter B. Hays transferred 60			W. Hays	transferred
400 shares both into the Ha	ys Living	Trust.		
Hays Living Trust now has	100% of	shares.		

The date of each amendment(s) adoption: 09/24/12	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder
Dated 09/24/1	2
Signature 10	rector, president or other officer - if directors or officers have not been
	by an incorporator — if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	Peter B Hays
-	(Typed or printed name of person signing)
-	President Director
	(Title of person signing)