J22208

| (Requestor's Name) | |
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| (City/State/Zip/Phone | · #) |
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| (Business Entity Nam | ne) |
| (Document Number) | |
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C. LEWIS

JUL 18 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2013

JEFF FLOWERS / FLOWERS CHEMICAL LABORATORIES INC. PO BOX 150597 ALTAMONTE SPRINGS, FL 32715-0597

SUBJECT: FLOWERS CHEMICAL LABORTORIES, INC.

Ref. Number: J22208

We have received your document for FLOWERS CHEMICAL LABORTORIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 213A00016505

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: Flowers C | hemical Labort | tories, Inc. |
|---------------------------|--|--|--|
| DOCUMENT NUMBI | ER: <u>J22208</u> | | |
| The enclosed Articles o | f Amendment and fee are sul | bmitted for filing. | |
| Please return all corresp | ondence concerning this mat | ter to the following: | |
| • | Jeff Flowers | | |
| <u>-</u> | | Name of Contact Person | 1 |
| _ | Flowers Chemic | al Laboratories | s, Inc, |
| _ | | Firm/ Company | |
| ! | PO Box 150597 | • | |
| _ | | Address | |
| • | Altamonte Sprin | gs, FL 32715-0 | 0597 |
| - | | City/ State and Zip Code | 2 |
| ieff(| @flowerslabs.co | nm | |
| jen | | ed for future annual report | notification) |
| | | | , |
| For further information | concerning this matter, pleas | e call: | |
| Jeff Flowers | | 407 | 220 5004 |
| | | at (407 | _, <u>339-5984</u> |
| Name of | f Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made p | payable to the Florida Depa | artment 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) |
| Amer Divis P.O. | ing Address Indment Section Indicate the Address Indicate the Indicate th | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle Sissee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

FILED
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FLOWERS CHEMICAL LABORTORIES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) J22208 (Document Number of Corporation (if known) 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: FLOWERS CHEMICAL LABORATORIES, INC. 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) Florida New Registered Office Address: (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)

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>e</u> | |
|-------------------------------|--------------|--------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| _X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | - - | | |
| Remove | | | | |
| | | | | |
| 4) Change | | - | | |
| Add | | | , | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| ach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) | |
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| amendment provides for an exch | ange, reclassification, or cancellati | on of issued shares, ndment itself: |
| visions for implementing the amer | Content is not contained in the circ | |
| ovisions for implementing the amer (if not applicable, indicate N/A) | | |
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| ovisions for implementing the amer (if not applicable, indicate N/A) | | |

| The date of each amendment | (s) adoption: |
|--|--|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statement d 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) |
| action was not required. | e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder |
| Dated | |
| Signature | |
| sel | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Title of person signing) |

| The date of each amendment(s) adoption: CHECK ONE 1:04 |
|--|
| Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) |
| Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) |
| |
| |
| ☐ 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 |
| (Typed or printed name of person signing) |
| (Title of person signing) |