

J32104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

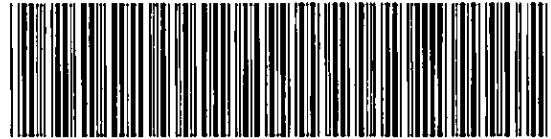
(Business Entity Name)

(Document Number)

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18 JUN 20 AM 9:51

SI 2018-07-18  
FEDERAL BUREAU OF INVESTIGATION

Amcl  
R. WHITE  
JUN 21 2018





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2018

SHANNON ORTIGOSA  
4203 46TH AVE N  
ST PETERSBURG, FL 33714

SUBJECT: GOLDEN RAIN NURSERY, INC.  
Ref. Number: J32904

We have received your document for GOLDEN RAIN NURSERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of change of registered agent cannot be filed to change officers/directors. Please see the enclosed information.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 518A00012003



Attn: Rebecca.

Thank You!  
ShannonCOVER LETTERTO: Amendment Section  
Division of CorporationsNAME OF CORPORATION: Golden Rain Nursery Inc.  
DOCUMENT NUMBER: 132 904The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon D'Agrosa  
Name of Contact Person  
Golden Rain Nursery  
Firm/Company  
4203 46<sup>th</sup> Ave North  
Address  
St. Petersburg FL 33714  
City/State and Zip Code  
sdagrosa@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon D'Agrosa at ( 786 ) 255-8801  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
 Amendment Section  
 Division of Corporations  
 P O. Box 6327  
 Tallahassee, FL 32314
Street Address
 Amendment Section  
 Division of Corporations  
 Chiles Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301



FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

18 JUN 20 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAGolden Pain Nursery, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(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:**

*The new 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)

n/a

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

n/a

**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

Shannon Orhanese

4203 46th Ave North

(Florida street address)

New Registered Office Address:

St. Petersburg

(City)

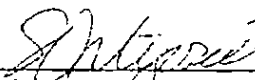
Florida

33714

(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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	Charles Butler	4203 46 <sup>th</sup> Ave NW St. Petersburg FL 33714
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Mario D'Agostino	4203 46 <sup>th</sup> Ave NW St. Petersburg FL 33714
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	Debra Butler	4203 46 <sup>th</sup> Ave NW St. Petersburg FL 33714
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Shannon D'Agostino	4203 46 <sup>th</sup> Ave NW St. Petersburg FL 33714
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			



**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

n/a

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**  
**provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

n/a



The date of each amendment(s) adoption: June 1, 2018, if other than the date this document was signed.

Effective date if applicable: June 1, 2018  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

☐ 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 Debra Butler  
(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)

Debra Butler  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)