

NO4000002529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

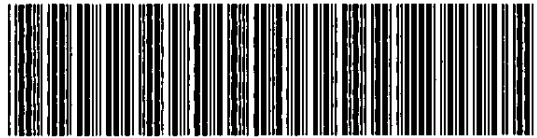
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FILED
2010 MAY 27 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

MAY 27 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MANGROVE SEED INC

DOCUMENT NUMBER: N04000002529

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHAD BAILEY

(Name of Contact Person)

SUNCOAST ACCOUNTING & TAX INC.

(Firm/ Company)

4910 14TH ST W #104

(Address)

BRADENTON, FL 34207

(City/ State and Zip Code)

INFO@SUNCOASTACCOUNTING.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAD BAILEY

(Name of Contact Person)

at (941) 744-1040

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2010

CHAD BAILEY
SUNCOAST ACCOUNTING & TAX INC.
4910 14TH ST W #104
BRADENTON, FL 34207

SUBJECT: MANGROVE SEED, INC.
Ref. Number: N04000002529

We have received your document for MANGROVE SEED, 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 registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 510A00012793

Articles of Amendment
to
Articles of Incorporation
of

MANGROVE SEED, INC.

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

N04000002529

(Document Number of Corporation (if known))

FILED
2018 MAY 27 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

SUNCOAST ACCOUNTING

4910 14TH ST W SUITE 104

BRADENTON, FL 34207

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

SUNCOAST ACCOUNTING

4910 14TH ST W SUITE 104

BRADENTON, FL 34207

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:

CHAD BAILEY

4910 14TH ST W SUITE 104

New Registered Office Address:

(Florida street address)

BRADENTON

(City)

Florida 34207

(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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 5/12/10

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5/12/10

Signature: _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAN KAPICA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)