

NO7000000384



Post Office Box 2084
St. Augustine, FL 32085

☐ PICK-UP ☐ WAIT ☐ MAIL

No coversheet

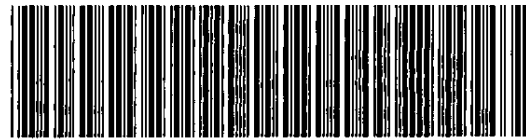
(Business Entity Name)

(Document Number)

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11 JAN 14 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

JAN 14 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hogans Harvest Inc.

DOCUMENT NUMBER: N07000000384

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

Please return all correspondence concerning this matter to the following:

Sharif Jalil

Name of Contact Person

Hogans Harvest Inc.

Firm/ Company

Post Office Box 2084

Address

Saint Augustine, Florida 32085

City/ State and Zip Code

hogansharvest@yahoo.com

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

For further information concerning this matter, please call:

Sharif Jalil

Name of Contact Person

at (904)

377-6845

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

RECEIVED
JAN 13 PM 2:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2010

HOGANS HARVEST
PO BOX 2084
ST AUGUSTINE, FL 32085

SUBJECT: HOGANS HARVEST INC.
Ref. Number: N07000000384

We have received your document for HOGANS HARVEST INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 910A00028981

RECEIVED
10 DEC 29 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Hogans Harvest Inc.

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

N07000000384

(Document Number of Corporation (if known))

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)

6945-1038 Morse Avenue

Jacksonville, Florida

32244

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

Post Office Box 2084

Saint Augustine, Florida

32085

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:

Sharif Jalil

6945 Morse Avenue Unit 1038

New Registered Office Address:

(Florida street address)

Jacksonville

(City)

Florida 32244
(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

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11 JAN 14 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasurer	Dwayne Reid	Post Office 2084 Saint Augustine, Florida 32085	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Zandra White	Post Office 2084 Saint Augustine, Florida 32085	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Board Director	Regina McGlocking	Post Office 2084 Saint Augustine, Florida 32085	<input checked="" 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)

Dr. Cheryl Hogan is the Founder of Hogans Harvest Inc,

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)

The date of each amendment(s) adoption: November 1, 2010

Effective date if applicable: November 1, 2010
(date of adoption is required)
(no more than 90 days after amendment file date)

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 December 7, 2010

Signature

Sharif Jalil
(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)

Sharif Jalil

(Typed or printed name of person signing)

Owner/President

(Title of person signing)