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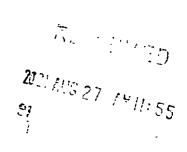
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FLORIDA DEPARTMENT OF STATE Division of Corporations



August 9, 2021

ELLEN MCGRORY 6119 DEL RIO DR PORT ORANGE, FL 32121 US

SUBJECT: BOTANICAL GARDENS OF VOLUSIA, INC.

Ref. Number: N10130

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE LAST PAGE OF THE DOCUMENT IS MISSING. PLEASE COMPLETE THE ATTACHED COPY TO BE PROCESSED.

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.

Letter Number: 121A00017497

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | <u>Botanical</u> | <u>Gardens</u> |) of | Volusia | , Inc |
|------------------------------------|----------------------------------|--|---------------------------------------|--|----------------|
| DOCUMENT NUMBER: | N1013 | 0 | · · · · · · · · · · · · · · · · · · · | | |
| The enclosed Articles of Amenda | tent and fee are submitte | d for filing. | | | |
| Please return all correspondence | concerning this matter to | the following: | | | |
| | llen Mc | GRORY ne of Contact Person | n) | | |
| | | (Firm/ Company) | | | |
| J (2/12) | el Rio Dr | (Address) | | | |
| Port C | range, 7 | V 32W | 7 | · · · · · · · · · · · · · · · · · · · | |
| info@dur | Nawtons address: (to be used for | WAAC M. Tuture Innual report | 10.00 | <u>^g</u> | |
| For further information concerning | g this matter, please call: | | | | |
| £1/80 €1/180 (Nan | e of Contact Person) | atat | 386. ea Code) | Daytime Telephone | QZO Number) |
| Enclosed is a check for the follow | ing amount made payabl | e to the Florida Depa | iriment of St | ate: | |
| □ \$35 Filing Fee □S- C | ertificate of Status Co | 3.75 Filing Fee & crtified Copy dditional copy is aclosed) | Certified | ite of Status I Copy mal Copy is | |

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

FILED

| | Articles of Incorporation | |
|---|---------------------------------------|--|
| 0 1 -1 0 | of | 2021 AUG 27 AM 8: 19 |
| <u>botanical</u> (oar | 21805 05 U | DINSID-LALDGE STATE |
| Name of Corporation as currently filed with the F | lorida Dept. of State) | TALLAHASSEELELE |
| N10130 | | |
| (Documen | it Number of Corporation (if k | enown) |
| Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation: | a Statutes, this <i>Florida Not F</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co | orporation: | |
| | P. 115 | The new |
| name must be distinguishable and contain the word "o "Company" or "Co." may not be used in the name. | corporation or incorporate | a or the antireviation Corp. or Inc. |
| - | | |
| B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADI | | |
| . ,, | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | OX) | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or register | red office address in Florida | , enter the name of the |
| new registered agent and/or the new registered | | |
| Name of New Registered Agent: | | |
| | | |
| - | (F | lorida street address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (City) | (Zip Code) |
| Sew Registered Agent's Signature, if changing Reg | | |
| hereby accept the appointment as registered agent. | I am familiar with and accept | t the obligations of the position. |
| | | |
| | Simulation of March David | |
| | Signature of New Regist | tered 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:

(Auach 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 X Remove X Add | PT John Do V Mike Jo SV Sally St | <u>ones</u> | |
|---|--|--|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>D</u> | Robert Gilpatrick | |
| _x Remove | | | |
| 2) _×_ Change Add | _ <u>P</u> | Jennie Taylor | Port Orange, FL 32129 |
| Remove 3) | | John Delanev (Jack) | 141 Deskin Dr. South Daytona, FL 32119 |
| 4) Change Add | <u>T</u> | Ellen McGrory | 6119 Del Rio Dr Port Orange, FL 32127 |
| Remove 5) Change Add | TD | Robert Gilpatrick | |
| _x Remove | | - | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addi (anach additional she | ng additional Art ets, if necessary). | icles, enter change(s) here: (Be specific) | |
| N/A | | | |
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| 3/2/2021 | |
| The date of each amendment(s) adoption: 3/3/2021 | , if other than the |
| date this document was signed. | |
| | |
| Effective date if applicable: | |
| Effective date if applicable: (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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| | nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors. |
|---------|--|
| Dated | /) /1 |
| Signatu | e Jane Tanko |
| | (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) |
| | Jennie Taylor |
| | (Typed or printed name of polson signing) |
| | Rosident |
| | (Title of person signing) |

Articles of Amendment to Articles of Incorporation of

| Botanical Gardens of Volusta, inc | | | . <u> </u> | |
|--|---------------------------------|---|--|-----------|
| (Name of Corporation as currently filed with the | e Florida ! | Dept. of State) | | |
| N10130 | | | | |
| (Docum | nent Numb | per of Corporation (if know | m) | |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | rida Statut | es, this <i>Florida Not For P</i> | rofit Corporation adopts the | following |
| A. If amending name, enter the new name of the | e corpora | tion: | | |
| | | | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | l "corpora <u>e</u> . | ution" or "incorporated" o | or the abbreviation "Corp." o | r "Inc." |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | <u>ible:</u> 1 <i>DDRESS</i> |) 950 Old Sugar Mill Roa | d | |
| | | Port Orange, FL 32129 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX</u>) | P. O. Box 214747 | | - |
| | | Port Orange, FL 32121- | 4747 | - |
| | | | | |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | | | ter the name of the | |
| Name of New Registered Agent: [Ellen Mag] | | | | |
| | 6119 Del Río Dr | | | |
| | (Florida street address) | | | |
| <u>New Registered Office Address</u> | : Port Ora | nge | | |
| | | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen | Registeree nt. Lam fo | 1 Agent: imiliar with and accept the | obligations of the position. | |
| - | | Signature of New Registere | () () () () () () () () () () () () () (| |
| | | wandare of ivew registere | а луспь, и спапуту | |