

N10130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

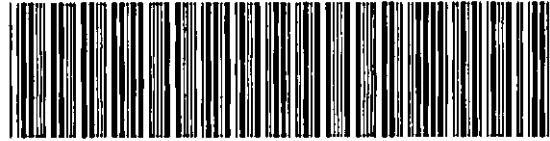
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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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2021 AUG 27 14:11:55  
97  
1

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 121A00017497

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Botanical Gardens of Volusia, Inc

DOCUMENT NUMBER: N10130

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

Please return all correspondence concerning this matter to the following:

Ellen McGROY  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

619 Del Rio Dr  
(Address)

Port Orange, FL 32127  
(City/ State and Zip Code)

info@dunlawtonsgarmill.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen McGROY at 386.767.0620  
(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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

**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  
to  
Articles of Incorporation  
of

FILED

2021 AUG 27 AM 8:19

Botanical Gardens of Volusia, Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

110130

(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)*

**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)*

*New Registered Office Address:*

\_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (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*





- 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 \_\_\_\_\_

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)

Jennie Taylor

(Typed or printed name of person signing)

President

(Title of person signing)

Articles of Amendment  
to  
Articles of Incorporation  
of

Botanical Gardens of Volusia, Inc

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

N10130

(Document Number of Corporation (if known))

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**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)* 950 Old Sugar Mill Road

Port Orange, FL 32129

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

P. O. Box 214747

Port Orange, FL 32121-4747

**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: Ellen McGrory

6119 Del Rio Dr

*(Florida street address)*

New Registered Office Address:

Port Orange

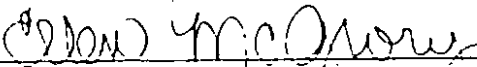
*(City)*

Florida 32127

*(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*