N13000004706

(Parusatara Nama)
(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
•
(Document Number)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

13 OCT 15 PM 3: 18

APPROVED AND FILED

C. LEWIS

OCT 22 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2013

GARY D. ALEXANDER / NEW LEAF EARTH INC 4285 SW MARTIN HWY PALM CITY, FL 34990

SUBJECT: NEW LEAF EARTH, INC.

Ref. Number: N13000004706

We have received your document for NEW LEAF EARTH, 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 013A00023120

COVER LETTER

TO: Amendment Section **Division of Corporations**

Division of Corporations				
NAME OF CORPORATION: NEW LE	AF EARTH, INC.			
DOCUMENT NUMBER: N13000004	4706			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
GARY D. ALEXANDER				
(Name of Contact Person)			
NEW LEAF EARTH, IN	C.			
	(Firm/ Company)			
4285 SW MARTIN HIGHWAY				
	(Address)			
PALM CITY, FL 34990				
(City/ State and Zip Code)			
Gary@Technology-River.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please c	all:			
GARY ALEXANDER	at (
· (Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made pay	able to the Florida Department of State:			
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status				
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			

APPROVEU A**N**D FILED

Articles of Amendment to Articles of Incorporation of 13 OCT 15 PM 3: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

NEW LEAF EARTH, INC.

A / (Name of Corporation as currently file	ed with the Florida Dept. of State)	
N (Name of Corporation as currently file 13000004706		`.*.
-	t Number of Corporation (if known)	,
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit Corp.	oration adopts the following
A. If amending name, enter the new name of N/A	f the corporation:	
	word "corporation" or "incorporated" or the abb	The new reviation "Corp." or "Inc."
"Company" or "Co." may not be used in the n		Contract Corp. Co. Inc.
B. Enter new principal office address, if app	dicable: N/A	
(Principal office address MUST BE A STREE		100 100 100 100 100
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		<u> </u>
D. If amending the registered agent and/or remew registered agent and/or the new regis	registered office address in Florida, enter the na	me of the
NI/a		
Name of New Registered Agent:		_
		_
New Registered Office Address:	(Florida street address)	

	(City), Florida	a(Zip Code)
		(Lip Couc)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent: ngent. I am familiar with and accept the obligatio	ns of the position.
Sign	nature of New Registered Agent, if changing	-

Page 1 of 4

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 <math>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:	D	5	
X Change X Remove		n <u>Doe</u> se Jones	
$\overline{\underline{X}}$ Add		y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	ALFRED DAMUS, MD	4285 SW MARTIN HIGHWAY
X_{Add}			PALM CITY, FL 34990
Remove			
2) Change	S	GARY D. ALEXANDER	4285 SW MARTIN HIGHWAY
X Add			PALM CITY, FL 34990
Remove	_		
3) X Change	<u>D</u>	AL BABBINGTON	4285 SW MARTIN HIGHWAY
Add			PALM CITY, FL 34990
Remove			
4) X Change	<u>D</u> _	MICHAEL KEISTER	4285 SW MARTIN HIGHWAY
Add			PALM CITY, FL 34990
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E., If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
	·			
<u> </u>				

The date of each amendment(s) addate this document was signed. Effective date if applicable:	option: 09/19/2013 (no more than 90 days after amendment file date)	APPROVED AND FILED if other than the SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the	amendment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment((s) was/were
Dated 10/14 Signature	1/2013 1/4) Milmo	
(By the chair have not bee	nan or vice chairman of the board, president or other office in selected, by an incorporator – if in the hands of a receive ppointed fiduciary by that fiduciary)	
GARY D). ALEXANDER	
	Typed or printed name of person signing) RATE SECRETARY	
	(Title of person signing)	