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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	DUVAL FLOWER P	OWER, INC.		
DOCUMENT NUMBER:	N18000005607			
_		ditud for Olino		
The enclosed Articles of Am	enament and fee are subtr	nucu for ming.		
Please return all corresponde	nce concerning this matter	to the following:		
AUGUST KLEIN				
		(Name of Contact Pe	rson)	
		(Firm/ Company	)	
1648 LAKEWOOD ROAD				
<del></del>	-	(Address)		
JACKSONVILLE, FL 3220	7			
	(	(City/ State and Zip (	Code)	
duvalflowerpower@protonn	nail.com			
E	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conce	erning this matter, please of	call:		
AUGUST KLEIN		at	(904)	868-1623
	(Name of Contact Person)	<u> </u>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	Department of !	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

<b>,</b>	40		
Arti	to icles of Incorporation		۸ په
A111	of		
DUVAL FLOWER POWER, INC.			the following 20
. <u> </u>	and the first suitable at a 17th at	de Dant of Ctata)	
(Name of Corporation as cur	rently lifed with the Flori	da Dept. of State)	3-3-
N18000005607			<b>%</b>
(Document Ni	umber of Corporation (if kn	own)	
ursuant to the provisions of section 617,1006, Florida Sta	atutes, this Florida Not For	Profit Corporation adopts	the following
nendment(s) to its Articles of Incorporation:			-y
. If amending name, enter the new name of the corpo	oration:		
		" A. Hondotto "Co	The new
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	oration or incorporatea	or the aboreviation. Cor	p. or inc.
Company or Co. may not be used in the name.			
Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u>:SS</u> )		
. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			<del></del>
	· · · · · · · · · · · · · · · · · · ·		<del></del>
If amending the registered agent and/or registered		enter the name of the	
new registered agent and/or the new registered offi	ce aduress:		
Name of New Registered Agent:			
<del></del> -		orida street address)	<del></del>
New Registered Office Address:	(110	n naa sireer aaaress)	
		, Florida (Zip Code)	
	(City)	(Zip Code,	)
au Danietarad taante Signatura if shanging Danieta	ared Agent:		
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		the obligations of the positi	on.
ween, weeps me appointment as registered agent. I am		I will say the pooling	
	Signature of New Registe	ered 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:

(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 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	CRAIG NELSON	1648 LAKEWOOD ROAD
X Add	<del>2</del>		JACKSONVILLE, FL 32207
Remove			
2) Change	D	PETE ORLANDO	4745 SUTTON PARK COURT
Add			JACKSONVILLE, FL 32224
X Remove			
3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add	<del></del>		
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art	ticles, enter change(s'	) here:		
1. If amending or adding additional Art (attach additional sheets, if necessary).	(Re specific)	· · · · · · ·		
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	date of each amendment(s) adoption: this document was signed.	if other than the
	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	1f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be iment's effective date on the Department of State's records.	listed as the
Add	ption of Amendment(s) ( <u>CHECK ONE</u> )	
	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 JUNE 26, 2018	
	Signature legat	
	(By the chairman of 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)	
	AUGUST KLEIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	