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18 AUG 10 PM 10:56
TALLAHASSEE, FL 32304
DIVISION OF REVENUE
TALLAHASSEE, FL 32304

2018 AUG 10 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

And

R. WHITE
AUG 13 2018

RW



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: 8/10/2018

Account#: I20000000088

Name: Chris Vick

Reference #: G044566

Entity Name: MANGROVE PINES FARM FOUNDATION, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$35

Signature: [Signature]

① CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST. 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

② EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REG. SIFRED. H ENGLAND & WALES
REG. STRY. ARG1072
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

③ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
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Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 AUG 10 AM 9:05

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

MANGROVE PINES FARM FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FL

(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:

(City)

, Florida

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>T-S-D</u>	<u>AMALIA LEGASPI</u>	<u>3200 W. HIGGINS ROAD</u>
<input type="checkbox"/> Add			<u>HOFFMAN ESTATES, IL 60169</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>CEO-D</u>	<u>STEVEN A. RYE</u>	<u>3200 W. HIGGINS ROAD</u>
<input type="checkbox"/> Add			<u>HOFFMAN ESTATES, IL 60169</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T-S-D</u>	<u>AMALIA LEGASPI</u>	<u>125 SW 3RD PLACE, SUITE 205</u>
<input checked="" type="checkbox"/> Add			<u>CAPE CORAL, FL 33991</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>CEO-D</u>	<u>STEVEN A. RYE</u>	<u>125 SW 3RD PLACE, SUITE 205</u>
<input checked="" type="checkbox"/> Add			<u>CAPE CORAL, FL 33991</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

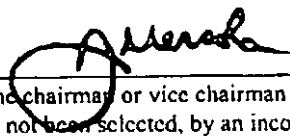
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.
- ☒ 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 AUGUST 8, 2018 _____

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)

JOSEPH M. MERCOLA

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)