

N9800004681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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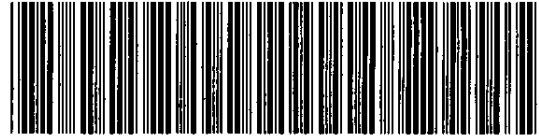
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Morgan

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1/6/09
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12/18/08--01015--006 **35.00

FILED

08 DEC 18 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
1/6/09
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Harvest, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N98000004681

The enclosed AMENDMENT AND fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah L. Morgan
(Name of Contact Person)

Palm Beach Harvest, Inc.
(Firm/Company)

P.O. Box 540508
(Address)

Lake Worth, Florida 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah L. Morgan at (561) 310-6641
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Articles of Amendment
to
Articles of Incorporation
of

PALM BEACH HARVEST, INC.

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

N98000004681

(Document Number of Corporation (if known))

FILED
08 DEC 18 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

8927 HYPOLUXO RD

SUITE A-5

LAKE WORTH, FL 33467

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:

ELIJAH BOLDEN

New Registered Office Address:

205 E. TIFFANY DR., UNIT #2

(Florida street address)

WEST PALM BEACH

(City)

Florida 33407

(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 Registered Agent)

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: DECEMBER 15, 2008

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

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 12/15/2008

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)

ROBERT LOUISA

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)