

P010000083555

(Requestor's Name)

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PICK-UP

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MAIL

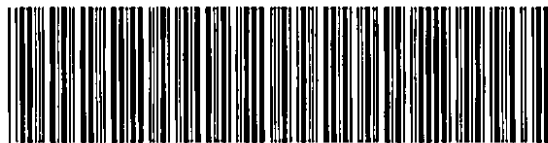
(Business Entity Name)

(Document Number)

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2018 AUG 20 PM 2:27

AUG 23 2019



STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN

MARK G. TURNER

*DOUGLAS A. LOCKWOOD, III

MARIE STRAUGHN PRISCO

ALEXANDER M. LANDBACK

*BOARD CERTIFIED IN BUSINESS LITIGATION
*BOARD CERTIFIED IN CIVIL TRIAL LAW

JACK STRAUGHN
(1925-2000)

August 17, 2018

2018 AUG 29 PM 2:27

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: BOUND2GROW, INC.
Document No.: P01000083555
Our File No.: 14107/0001

Dear Sir:

Please find enclosed the following, for filing, incident to the above corporation:

1. Original and one (1) copy of the Articles of Amendment to the Articles of Incorporation;
2. Our firm's check made payable to the Florida Department of State, in the total amount of \$35.00 which represents the filing fee; and
3. Pre-addressed stamped envelope for return to me of a file stamped copy of the Amendment.

Should you have any questions, please do not hesitate to contact me. Thank you for your assistance in this regard.

Sincerely yours,

(STRAUGHN & TURNER, P.A.)

DOUGLAS A. LOCKWOOD, III

DAL/djb
Enclosures

Bound2grow\alletowalsh\letter\fldept\amendarticles

Articles of Amendment
to
Articles of Incorporation
of
BOUND2GROW, INC.

2018 AUG 29 PM 2:27

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

P01000083555

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1122 Success Avenue

Lakeland, Florida 33803

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1122 Success Avenue

Lakeland, Florida 33803

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:

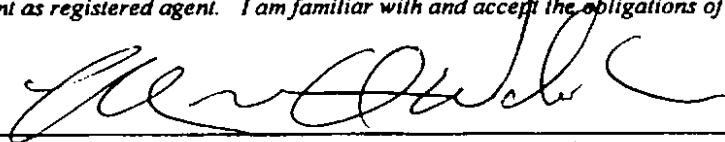
Name of New Registered Agent MICHAEL C. WALSH

(Florida street address)

New Registered Office Address: 1122 Success Avenue, Lakeland, Florida 33803
(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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	D,S,T	Ovalle, Tommy	511 Lake Mariam Terrace
<input type="checkbox"/> Add			Winter Haven
<input checked="" type="checkbox"/> Remove			Florida 33884
2) <input type="checkbox"/> Change	D,P	Ovalle, Kathy W.	511 Lake Mariam Terrace
<input type="checkbox"/> Add			Winter Haven
<input checked="" type="checkbox"/> Remove			Florida 33884
3) <input type="checkbox"/> Change	D,P,S,T	Walsh, Michael C.	1122 Success Avenue
<input checked="" type="checkbox"/> Add			Lakeland
<input type="checkbox"/> Remove			Florida 33803
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
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6) <input type="checkbox"/> Change			
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N/A

* 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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated Aug. 18, 2018

Signature Kathy W. Ovalle
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KATHY W. OVALLE

(Typed or printed name of person signing)

Director

(Title of person signing)