P02000026106

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Coples Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Coples Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Coples Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	•
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addross)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Coples Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Coples Certificates of Status	
(Business Entity Name) (Document Number) Certified Coples Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Coples Certificates of Status	
(Document Number) Certified Coples Certificates of Status	☐ PICK-UP ☐ WAIT ☐ MAIL
(Document Number) Certified Coples Certificates of Status	
(Document Number) Certified Coples Certificates of Status	(Rusiness Entity Name)
Certified Coples Certificates of Status	(Dualitions Elitity Halile)
Certified Coples Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Coples Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
•	Special Instructions to Filing Officer:
•	·
•	

Office Use Only



500155335525

05/06/09--01012--011 **35.00

Amend

SECRETARY OF STATE ON SECRETARY OF COMPONATIONS

COVER LETTER

TO: 'Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Home and Lawn Care, Inc			
DOCUMENT NUMBER:	TUMBER:P02000026106			
The enclosed Articles of Amen	nent and fee are submitted for filing.			
Please return all correspondence	concerning this matter to the following:	•		
	Richard Wilson			
	Name of Contact Person			
4	Home and Lawn Care, Inc			
	Firm/ Company			
	1875 Tatum Blvd			
	Address			
	New Smyrna Beach, FI 32168 City/ State and Zip Code			
	wils472@yahoo.com			
E-mail	Idress: (to be used for future annual report notification)			
For further information concern	ng this matter, please call:			
Richard Wile	ut (
Name of Contact Per	n Area Code & Daytime Telephone Number			
Enclosed is a check for the following	ving amount made payable to the Florida Department of State:			
☑ \$35 Filing Fee ☐ \$43.75 Certific	ling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is encl	losed)		
Mailing Address Amendment Section	Street Address Amendment Section			
Division of Corporation	Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

PO2000026106 (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) C. Enter new mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: Shaun M. Wilson 1875 Tahun Blod New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Agm familiar with and accept the obligations of the position.	Home and Lawn Care, Inc
(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) 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: Name of New Registered Agent: Shaun M. Wilson 1875 Ta from Block (Florida street address) New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Agm familiar with and accept the obligations of the position.	(Name of Corporation as currently filed with the Florida Dept. of State) 9 MAY -6 PM 1: 45
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". 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) 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: Shaun M. Wilson 1875 Ta fram Blad New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Jam familiar with and accept the obligations of the position.	P02000026106
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) 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: Name of New Registered Agent: Shaun M. Wilson 1875 Ta fun Blod New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Agm familiar with and accept the obligations of the position.	(Document Number of Corporation (if known)
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) 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: Shaun M. Wilson 1875 Ta fam. Blod New Registered Office Address: (Florida street address) New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: The new The new "incorporation" or "incorporation" or "co". A professional corporation or "lead or "co". A professional corporation or "lead or "co". A professional corporation or "lead or "co". The new The new registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Agam familiar with and accept the obligations of the position.	Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
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) C. Enter new mailing address, if applicable: (Malling 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: Shaun M. Wilson 1875 Ta fam. Blod (Florida street address) New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Jam familiar with and accept the obligations of the position.	A. If amending name, enter the new name of the corporation:
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) C. Enter new mailing address, if applicable: (Malling 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: Shaun M. Wilson 1875 Ta fun Blod (Florida street address) New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Jam familiar with and accept the obligations of the position.	The new
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: Shaun M. Wilson 1875 Tahm Blod New Registered Office Address: (Florida street address) New Registered Office Address: New Sayrua Beach (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	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."
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: Shaun M. Wilson B75 Ta fram B vd New Registered Office Address: New Registered Office Address: (Florida street address) New Say run Bach Florida 32/68 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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: Shaun M. Wilson New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	
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: Shaun M. Wilson New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Shaun M. Wilson New Registered Office Address: (Florida street address) New Smyrma Beach, Florida 32/68 (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Shaun M. Wilson New Registered Office Address: (Florida street address) New Smyrma Beach, Florida 32/68 (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	
New Registered Office Address: (Florida street address) New Say ra Beach, Florida 32/68 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	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:
New Say ran Beach, Florida 32/68 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Jam familiar with and accept the obligations of the position.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Jam familiar with and accept the obligations of the position.	New Registered Office Address: (Florida street address)
I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	New Sony on Beach, Florida 32/68 (City) (Zip Code)
" Show ! lifere!	New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing	Macro Wilson

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)

<u>Tītle</u>	<u>Náme</u>	Address	Type of Action
Pres.	Joyce M. Dombrowski	1875 Tatum Blvd New Smyrna Beach, Fl 32168	☐ Add ☑ Remove
			☐ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
F. If an amen	dment provides for an exchange, recla	ssification, or cancellation of iss	ued shares,
provisions	for implementing the amendment if no applicable, indicate N/A)		
	,		

The date of each amendmen	t(s) adoption: 5-1-09
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Joyce M. Dombrowski (Typed or printed name of person signing)
	President
	(Title of person signing)