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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Cutting Edge Lawn Service, Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID M. Koehn
Name of Contact Person Cutting Edge Lawn Service, Inc. P. O Box 57685 Jacksone. // FL 32241

City/ State and Zip Code Koehndavid o Vanco. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David M. Koehn at (904) 716-0683

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee ☐ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

In a Edge Lawn Service Inc

proporation as currently filed with the Florida Dept. of State

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

PO 20000 66784

(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	<u>ı:</u>		
D. M. Koehn Landsc	aping Inc. The new		
name must be distinguishable and contain the word "corpo	oration," "company," or "incorporated" or the		
abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa			
B. Enter new principal office address, if applicable:	4533 Sunbeam rd unit #602		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Jackson ville, FL 32257		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  P. O. Box 57685			
	Jacksonuille, FL 32241		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add			
Name of New Registered Agent:	in Dupree		
	Penman Rd da street address)		
Jacksone	Ile, Bch, Florida 32250 (Zip Code)		
(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) Type of Action **Title** Address <u>Name</u> ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

. The date of each amendment(s)	adoption: <u>ASAP (3-23-10)</u>
Effective date if applicable:	(date of adoption is required)
· <u></u>	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	oting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	23-10
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
-	Typed or printed name of person signing)
-	(Title of person signing)