## P0300091151

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	D020000445	VARNER LANDS	SCAPE, INC.
	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	W.H. O'CONNEL	.L	
	W.H. O'CONNEL	Name of Contact Perso	<del></del>
Firm/ Company 2825 LEWIS SPEEDWAY SUITE 104			
Address ST. AUGUSTINE, FL 32084			
		City/ State and Zip Cod	¢
HE	NRY@WHOCPA		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
W HENRY O'CONNELL		at (904	, 829-0082
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy) is enclosed)
Mailing Address		Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## FILED

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SHOW TALL OF STATE

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dep	t. of State)
P02000091151	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prests</i> Articles of Incorporation:	ofit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "compour "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proporation "P.A." "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)	
<del></del>	
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	ida, enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
New Registered Office Address. (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	of the second
hereby accept the appointment as registered agent. I am familiar with and ac	cept 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	MARIE LINDSAY	6945 STATE ROAD
Add			ELKTON, FL 32033
Remove			
2) Change	VS	LINDSAY VARNER	6945 STATE ROAD
Add			ELKTON, FL 32033
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Onumbe		_	

(1 zemen aaanto	or adding additional A nal sheets, if necessary	y). (Be specific)			
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	***************************************				
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				<del></del>	
provisions fo	nent provides for an expression implementing the applicable, indicate N/A)	mendment if not co	cation, or cancella ontained in the an	tion of issued shar endment itself:	es,

•

The date of each amendment(s) adoption: OCTOBER 1, 2014	, if other than the
date this document was signed.	
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 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)	
(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 OCTOBER 1, 2014	
Signature	
(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)	
MARIE VARNER	
(Typed or printed name of person signing)	
PRESIDENT Marie Varie	
(Title of person signing)	