# P0300010986

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	ry/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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R. WHITE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: THE E	LUSIVE GRAPE	
DOCUMENT NUMBER: PO3000101	986	
The enclosed Articles of Amendment an		
Please return all correspondence concern	ning this matter to the following:	
Michael S. Teal		
<del></del>	Name of Contact Persor	1
Michael S. Teal,	P.A.	
	Firm/ Company	
333 East New Yo	ork Avenue. Suite A	
	Address	
DeLand FL 327		
Debutte 11 321		
	City/ State and Zip Code	;
elusivegrape@cfl.rr.com	n	
E-mail addre	ss: (to be used for future annual report	notification)
For further information concerning this r	natter, please call:	
William J. Budzinski, Jr.	at (	785-2467
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate	-	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

### Articles of Amendment to Articles of Incorporation of

11LE 1 15 NOV -5 PM 2: 47

THE ELUSIVE GRAPE, INC.

THE ELUSIVE GRAPE, INC.	
(Name of Corporation	n as currently filed with the Florida Dept. of State) Electric
PO3000101986	The Control of the Co
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	9
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
-	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signed	ture 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Patricia A. Sutherland	782 Onyx Parkway
Add			DeLand FL 32724
X Remove			
2) X Change	PTD	William J. Budzinski, Jr.	1014 Sage Hollow Court
Add			DeLand FL 32720
Remove			
3 ) Change	vs	Jennifer L. Budzinski	1014 Sage Hollow Court
X Add			DeLand FL 32720
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
<del></del>	
<del> </del>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	September 4, 2015	10 J J J
The date of each amendment(s) added this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	15	
Signature <u>W</u>	Un Ochulin	
	lirector, plesident 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)	
	William J. Budzinski, Jr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: THE ELUSIVE GRAPE
DOCUMENT NUMBER: PO3000101986
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael S. Teal
Name of Contact Person
Michael S. Teal, P.A.
Firm/ Company
333 East New York Avenue, Suite A
Address DeLand FL 32724
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William J. Budzinski, Jr. 785-2467
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:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

# **Articles of Amendment** to Articles of Incorporation of

5470

THE ELUSIVE GRAPE, INC.	15 NOV -5 PH 12: 47
( <u>Name of Corpor</u> PO3000101986	ration as currently filed with the Florida Dept. of State)
	cument Number of Corporation (if known)
· ·	•
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment
a. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Con word "chartered." "professional association," or th	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applicab	
Principal office address <u>MUST BE A STREET AL</u>	<u>DDRESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )
	tered office address in Florida, enter the name of the
new registered agent and/or the new registered	d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Re	egistered Agent:
	I am familiar with and accept the obligations of the position.
Sign	nature 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	PD	Patricia A. Sutherland	782 Onyx Parkway	
Add X Remove			DeLand FL 32724	
2) X Change	PTD	William J. Budzinski, Jr.	1014 Sage Hollow Court	
Add			DeLand FL 32720	
Remove	vs	Inneifer I Deadrieshi	1014 Const Halland Const	
3) Change	<u> </u>	Jennifer L. Budzinski	1014 Sage Hollow Court	
X Add			DeLand FL 32720	
Remove				
4) Change		-		
Add				
Remove		•	<del></del>	
5) Change		<u> </u>		
Add				
Remove				
6) Change		-	-	
Add				
Remove				

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<u>provisions fo</u>	ent provide r implemen plicable, ina	ting the ame	nange, reclass ndment if no	sification, o t contained	or cancella I in the an	ation of issu nendment i	ued shares, tself:		
				<del>"</del>					
					<del></del> <del></del>	·			
<del>_</del>			<del></del>	<u>-</u>				<del></del>	
						·			

The date of each amendment(s) a	September 4, 2015 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
	for the amendment(s) was/were sufficient for approval	
. by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_//-2.	15	
Signature W	Un Ocharlish	
	irector, president or other officer – if directors or officers have not bee d, by an incorporator – if in the hands of a receiver, trustee, or other co	
	ted fiduciary by that fiduciary)	uit
	William J. Budzinski, Jr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	



attorneys and counselors at law November 2, 2015

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

Re: THE ELUSIVE GRAPE, INC.

Enclosed is a Cover Letter, and Articles of Amendment to Articles of Incorporation of The Elusive Grape, Inc., together with a copy and check No. 10584 in the amount of \$43.75, covering the Filing Fee and Certificate of Status.

Thank you for your assistance in this matter.

Michael S. Teal MST/nae

Enc.