

P03000115465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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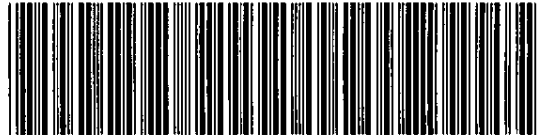
(Business Entity Name)

(Document Number)

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08 DEC -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

107A 00058830
12-3-08
Amend
*EVS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Robert M. Gonzales Fruit Harvesting, Inc.

DOCUMENT NUMBER: P03000115465

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josephine Gonzales

(Name of Contact Person)

ROBERT M GONZALES FRUIT HARVESTING INC

(Firm/ Company)

415 S. Brocksmith Rd

(Address)

Ft. Pierce, FL 34945

(City/ State and Zip Code)

For further information concerning this matter, please call:

Josephine Gonzales

(Name of Contact Person)

at (772) 465-3081

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

Robert M. Gonzales Fruit Harvesting, Inc.

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

P03000115465

(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)

415 S. Brocksmith Rd

Ft. Pierce, Fl 34945

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:

Josephine Gonzales

(see attachment)

New Registered Office Address:

415 S. Brocksmith Rd

(Florida street address)

Ft. Pierce

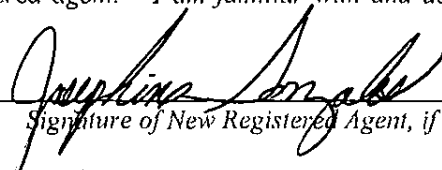
(City)

Florida 34945

(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

08 DEC -1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES.	ROBERT M. GONZALES	415 S. BROCKSMITH RD FT. PIERCE, FL 34945	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRES.	JOSEPHINE GONZALES	415 S. BROCKSMITH RD FT. PIERCE, FL 34945	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
vp	CHRISTINE LUNA	5172 NW RYGBY DR PT ST LUCIE FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SEC.	MONICA GONZALES	415 S. BROCKSMITH RD FT PIERCE, FL 34945 (ADD)	

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)

N/A

The date of each amendment(s) adoption: 8-1-08

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)

☐ 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 8-1-08

Signature

Josephine Gonzales
(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)

Josephine Gonzales

(Typed or printed name of person signing)

President

(Title of person signing)

Attachment

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation ROBERT M. GONZALES FRUIT HARVESTING, INC.
2. The principal office address: 415 S. BROCKSMITH RD
FT PIERCE, FL 34945
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/15/03 Document number: P03000115465
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert M. Gonzales (RESIGNED)

415 S. BROCKSMITH RD

FT PIERCE, FL 34945

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOSEPHINE GONZALES

415 S. BROCKSMITH RD

(P.O. Box NOT acceptable)

FT PIERCE, FL 34945

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

CHRISTINE GONZALES VICE PRES
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8/1/08

(Date)

If signing on behalf of an entity:

alkfjsalckfj

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)