104000053010

(Re	equestor's Name)	,
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
		·
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Consist Instructions to	Filing Officer	
Special Instructions to	Filing Officer.	
ι		

Office Use Only



000142129300

01/28/09--01031--010 **35.00

09 JAN 29 PH 1: 18
SECRETARY OF STATE

Name Chg. Amend Mhr. 1/29 Murdock Professional Center - 17825 Murdock Circle - Suite A - Port Charlotte, FL 33948 - (941) 255 - 1235 - Fax (941) 255 - 1223

Glenn N. Siegel Board Certified Civil Trial Attorney By The Florida Bar Michael F. Savage Attorney at Law

Certified Circuit Court Mediator

January 27, 2009

Via UPS Next Day Air

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Perfect Turf Landscaping, Inc.

To Whom It May Concern:

Enclosed for processing is Perfect Turf Landscaping, Inc.'s Corporation Reinstatement along with Articles of Amendment (changing the name to Craig's Perfect Turf Landscaping, Inc.). We are also enclosing our firm's check in the amount of \$35.00 representing the fee for the name change. If a fee for reinstatement is required, please contact our office. It is our understanding that a fee is not required.

If you should have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

GLENN N. SIEGEL, PA

By:

Glenn N. Siegel, Esquire

GNS:kar Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PERFECT TURF LANDSCAPING, INC.				
DOCUMENT NUMBER: P0400	053010			
The enclosed Articles of Amendment a	and fee are submitted for filing.			
Please return all correspondence concer	rning this matter to the following:			
	JENNIFER GABBARD			
	(Name of Contact Person)			
	(Firm/ Company)			
	5193 Baynes Road			
	(Address)			
	North Port, Florida 34288 (City/ State and Zip Code)			
For further information concerning this	matter, please call:			
Jennifer Gabbard	at (<u>941</u>) <u>380-4062</u>			
(Name of Contact Person)	· (Area Code & Daytime Telepho	one Number)		
Enclosed is a check for the following ar	mount made payable to the Florida Departmen	nt of State:		
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta	tus Certified Copy (Additional copy is	\$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

FILED

09 JAN 29 PH 1:18

PERFECT TURF LANDS		SECKLIARY OF STATE TABLAHASSEE, FLORIDA
(Name of Corporation as currently filed w	ith the Florida Dept. of State)	
P04000530 (Document Number of Corpo		5
Pursuant to the provisions of section 607.1006, Florida S following amendment(s) to its Articles of Incorporation:	tatutes, this Florida Profit Co.	rporation adopts the
A. If amending name, enter the new name of the corpora	ation:	
CRAIG'S PERFECT TURF LANDSCAPING, INC.		
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must con association," or the abbreviation "P.A."	the word "corporation," "c Co.," or the designation "Con	rp," "Inc," or
B. Enter new principal office address, if applicable:	5193 Baynes Road	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>North Port, Florida 34288</u>	
·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 3821B Tan	niami Trail #104
	Port Charlotte, Florida 3395	52
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		the name of the
Name of New Registered Agent:		
New Registered Office Address: (F	lorida street address)	
	ĭ	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I do position.		he obligations of the
Signature of N	lew Registered Agent, if changi	ng

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>	Type of Action
			Add Remove
			Remove
			Add Remove
	ding or adding additional Article dditional sheets, if necessary). (i		
provisi	mendment provides for an excha ions for implementing the amend not applicable, indicate N/A)		
N/A			
	-		
 			

Th	date of each amendment(s) adoption: January 27, 2009
Efi	ective date <u>if applicable</u> : January 27, 2009
	(no more than 90 days after amendment file date)
Ad	option 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"
	by
a	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 1/27/09
	Signature (Vary 2) afford
	(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)
	Craig Gabbard (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)