P0400068212

| (Requestor's Name) | | | |
|---|---------------|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | - | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | į. | | |
| · | | | |
| | | | |

Office Use Only



500172025945

03/17/10--01032--018 **43.75

Amens

SECRETARY OF STATE ALL AHASSEE, FLORIDA

Roberts MAR (2:5) 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2010

SEAN C. FUGATE FUGATE FORESTRY, INC. P. O. BOX 367 WILLISTON, FL 32696

SUBJECT: FUGATE FORESTRY, INC.

Ref. Number: P04000068282

We have received your document for FUGATE FORESTRY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 110A00006763

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORP | PORATION: FUGIFIE | FORESTRY, INC. | - No. of the Street Str |
|---|--|---|--|
| DOCUMENT NU | MBER: | | |
| The enclosed Artic | les of Amendment and fee a | re submitted for filing. | |
| Please return all co | rrespondence concerning thi | s matter to the following: | |
| - | SEAN C. FI | | · · · · · · · · · · · · · · · · · · · |
| | N | ame of Contact Person | |
| - | FUGATE FI | DRESTRY INC. Firm/ Company | |
| | P.O. BOX | (367 | |
| · | williston/F | Address 1. \[\] 32494 ity/ State and Zip Code YUC UANDO COM d for future annual report notification) | |
| | Fwate forest E-mail address: (to be used | YUC ualloo.com d for future annual report notification) | |
| For further informa | tion concerning this matter, | please call: | |
| SEAN (| C. FUGHTE of Contact Person | at (352) 318 · 79 Area Code & Daytime Tele | g O O ephone Number |
| Enclosed is a check | for the following amount m | ade payable to the Florida Depart | tment 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 Ad Amendmen Division of P.O. Box 63 Tallahassee | t Section Corporations 327 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl | e |

Tallahassee, FL 32301.

Articles of Amendment to Articles of Incorporation

FUGIATE FORESTRY (Name of Corporation as currently filed with the Florida Dept. of State) (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) 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: SEAN C. FUGATE Name of New Registered Agent: 20654 NE 75th 6t. New Registered Office Address: _, Florida_32696 Williston (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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--|---|--|----------------|
| Sec | JESSICA SAUDER | P.O. BOX 580 | Add |
| | | Williston, Fl. 32696 | Remove |
| | | | Add |
| | | الله المستوات المستوات الله المستوات الله المستوات الله المستوات الله الله الله الله الله الله الله ال | _ Li Kemove |
| | | | ☐ Add |
| | | | _ C Kemeve |
| F 16 | 31 3 31 3 3141 1 A | h(-) h | |
| | ding or adding additional Articles, ento additional sheets, if necessary). (Be spe | | |
| ************************************** | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| T 10 | | | |
| provisi | mendment provides for an exchange, reions for implementing the amendment | | |
| (if) | not applicable, indicate N/A) | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: 3-2/3-/9 |
|--|---|
| • | [uuicon uuopiion is required] |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/weby the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemend 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/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 3/23/10 |
| Signature | Mount 7 viv |
| sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) |
| | SEAN C. Fu6ATE (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |