

P04 000 171855

(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:

Office Use Only



700346068177 ✓

09/23/20--01035--006 **105.00

35.60

S TALLER
SEP 10 2020

2020 SEP -8 PM 4:14

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020-08-24 10:00

August 24, 2020

KARMEN BURN
LSP GARDEN CENTER, INC.
11820 NW 37TH STREET
CORAL SPRINGS, FL 33065

SUBJECT: LSP GARDEN CENTER, INC.
Ref. Number: P04000171855

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE ADOPTION OF AMENDMENT PAGE MUST BE COMPLETED. PLEASE RESUBMIT THE COMPLETE DOCUMENT.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 720A00016218



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 08 11 PM 2:46

August 11, 2020

KARMEN BURN
LSP GARDEN CENTER, INC.
11820 NW 37TH STREET
CORAL SPRINGS, FL 33065

SUBJECT: LSP GARDEN CENTER, INC.
Ref. Number: P04000171855

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED PROFIT ARTICLES OF AMENDMENT FOR CLARIFICATION OF CHANGES BEING MADE AND RESUBMIT.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 520A00015104

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LSP Garden Center, Inc
Name of Corporation

DOCUMENT NUMBER: P04000171855

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karmen Burn

Name of Contact Person

LSP Garden Center, Inc

Firm/Company

11820 NW 37th Street

Address

Coral Springs, Fl. 33065

City/State and Zip Code

info@landscapeservicepros.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Benton

Name of Contact Person

at (954) 721-6920

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

LSP Garden Center, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P04000 171855
(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**)

11820 NW 37th St
Coral Springs, FL 33065

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

11820 NW 37th St
Coral Springs, FL 33065

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 _____

Change to: 11820 NW 37th St
(Florida street address)

New Registered Office Address: Coral Springs, Florida 33065
(City) (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

2020 SEP -8 PM 4:14

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Add <input type="checkbox"/> Remove		Karmen Burn	11820 NW 37th St Coral Springs, FL 33065
2) <input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Add <input type="checkbox"/> Remove	PD	Samuel R. Benton	11820 NW 37th St Coral Springs, FL 33065
3) <input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Add <input type="checkbox"/> Remove	VD	Thomas Benton	11820 NW 37th St Coral Springs, FL 33065
4) <input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Add <input type="checkbox"/> Remove	VTD	Steve Burn	11820 NW 37th St Coral Springs, FL 33065
5) <input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Add <input type="checkbox"/> Remove	SVD	Karmen Burn	11820 NW 37th St Coral Springs, FL 33065
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

n/a

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: 9/1/20, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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)"

Dated 9/1/20

Signature Karmen Burn
(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)

Karmen Burn
(Typed or printed name of person signing)

VP/Secretary
(Title of person signing)