P05000076094

| (Re | equestor's Name) | |
|--|---|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (0- | A Division of the contract of | |
| (00 | cument Number) | l |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| A CONTRACTOR OF THE PARTY OF TH | (| 6 th |

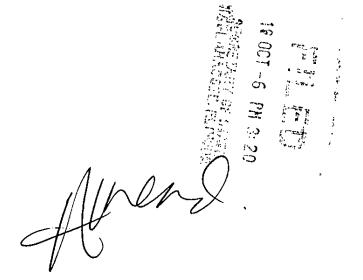




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September 28, 2016

KELVIN MORENO MORENO RANCHES, INC. 17 VIRGINIA CIRCLE VENUS, FL 33960

SUBJECT: MORENO RANCHES, INC.

Ref. Number: P05000076094

We have received your document for MORENO RANCHES, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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: 716A00020816

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | RATION: MORENO RANC | CHES, INC. | | |
|-------------------------|---|--|--|--|
| DOCUMENT NUM | P05000076004 | | | |
| The enclosed Articles | of Amendment and fee are su | ubmitted for filing. | | |
| Please return all corre | spondence concerning this ma | atter to the following: | | |
| | | KELVIN MORENO | | |
| | | Name of Contact Person | n | |
| | | MORENO RANCHES, | INC. | |
| | | Firm/ Company | | |
| | | 17 VIRGINIA CIRCLE | | |
| | | Address | | |
| | | VENUS, FL 33960 | | |
| | | City/ State and Zip Cod | ė | |
| | RYA | N@BEASLEYBRYANTO | CPA.COM | |
| | | sed for future annual report | | |
| | | | | |
| For further information | n concerning this matter, pleas | se call: | | |
| RYAN BEASLEY, C | PA | at (| 646-1373 | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment 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) | |
| | ling Address | | Address | |
| = -: - | endment Section sion of Corporations | - ***-* | ment Section on of Corporations | |
| | Box 6327 | | Building | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | | INC. | |
|--|--|---|---|
| (Name o | f Corporation as currently filed wit | th the Florida Dept. of State) | |
| | P05000076094 | | |
| | (Document Number of Corporati | ion (if known) | |
| Pursuant to the provisions of section 607. | 1006, Florida Statutes, this <i>Florida Pi</i> | rofit Corporation adopts the following amer | ndment(s) |
| . If amending name, enter the new na | me of the corporation: | | |
| | | The | new |
| ame must be distinguishable and cont Corp" "Inc.," or Co.," or the design ord "chartered," "professional associa | ation "Corp," "Inc," or "Co". A p | pany," or "incorporated" or the abbrevious or of the properties of | ation n the |
| B. Enter new principal office address, | f applicable: | Gydy, Specify, specify, specif | |
| Principal office address <u>MUST BE A S</u> | | *** o | en wy hy |
| | | | |
| | | 100 | j _i |
| Enter new mailing address, if appli | cable: | | |
| (Mailing address MAY BE A POST (| | | |
| | | 3: 2 治 | 7. ************************************ |
| | | | |
| If amending the registered agent an new registered agent and/or the new | | | |
| Name of New Registered Agent | 4940 SOUTHFORK DRIVE | | |
| | | | |
| | (Elouida etuant addunce | | |
| | (Florida street address) | | |
| New Registered Office Address: | (Florida street address) LAKELAND (City) | , Florida 33813 (Zip Code) | _ |

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 Do | <u>De</u> | |
|-------------------------------|--------------|-------------|-------------|---------|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amen | ndment if not contained in the amendment itself: | |
| (if and small amble indicate N/4) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |

| The date of each amendment(s) 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 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 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 east for the amendment(s) was/were sufficient for approval |
| by" (voting group) |
| (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 July 9 Doil |
| Signature |
| (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 fine first fir |
| KELVIN MORENO |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |