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R AMND/RESTATE/CORRECT OR O/D RESIGN SUNCOAST NURSERY FARMS, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

P06000062762
f and fee are submitted for filing.
corning this matter to the following:
JAVIER BANOS ESQ
Name of Contact Person
JAVIER BANOS, ESQ PA
Firm/ Company
126 CORAL WAY, Miami, FL 33145
Address
City/ State and Zip Code
JBANOS@MSN.COM s: (to be used for future annual report notification)
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amount made payable to the Florida Department of State:
Fee & Status \$43.75 Filing Fee & Status \$52.50 Filing Fee Certificate of Status Certified Copy Certified Copy (Additional Copy is enclosed)
Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

12/21/2009 13:21

3053285084

Articles of Amendment

Articles of Incorporation SUNCOAST NURSERY FARMS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P06000062762 (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:

name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profe	lesignation "Corp," "Inc," or	npany," or "incorporated" or the "Co". A professional corporation
B. <u>Enter new principal office address, if applie</u> (Principal office address <u>MUST BE A STREET</u>		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
D. <u>If amending the registered agent and/or re</u> new registered agent and/or the new registe		rida, enter the name of the
Name of New Registered Agent:		•
New Registered Office Address:	(Florida street addre	ss)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		

Signature of New Registered Agent, if changing

3053285084

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
			Add Remove
			Add Remove
(attach	nding or adding additional Articles additional sheets, if necessary). (E	e specific)	
			,
provis	mmendment provides for an exchargions for implementing the amendment applicable, indicate N/A)	ge, reclassification, or cancells nent if not contained in the am	ition of issued shares, endment itself:
			,

The date of each amendment	t(s) adoption: 12/18/2009
Effective date <u>if applicable</u> :	12/18/2009 (date of adoption is required)
enecuve data <u>n'approductio</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	are adopted by the board of directors without shareholder action and shareholder.
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 12/1	8/2009
Signature _	
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ISAAC HAYES
	(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)