## Polosso 115662

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SECRETARY OF STATE

C. LEWIS

OCT & 2013

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HAMMOCK GARDENS NURSERY, INC.  DOCUMENT NUMBER: PO 6 000 115 662  The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
HAMMOCK GARDENS NURSERY, INC.
Firm/Company 5208 N. OCEANShore Blvd.
PALM Gast, 7L 32137 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANINE REGINA FONSECH at (386) 446-9154/954-815-7865 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED AND FILED

## **Articles of Amendment**

Articles of Incorporation

13 SEP 30 AM 8: 27

$I = I \cap I = I$	01	SECRETARY (	
HAMMOCK GARDENS NURS	ery, INC.	TALLAHASSEE	E FLORIĐA
(Name of Corporation as currently filed with t	<u>he Fldrida Dept. of Stat</u>	<u>(e)</u>	
PO 6000 115662			-
(Document Number of Corporati	on (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corp	oration adopts the following	ng amendment(s)
. If amending name, enter the new name of the corporation	<u>ı:</u>		
NIA			_The new
ame must be distinguishable and contain the word "corpoi Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviate	or "Co". A professiona	"incorporated" or the a al corporation name must	ibbreviation contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-
			-
. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		r the name of the	_
Name of New Registered Agent	_//A		
(Florid	la street address)		
New Registered Office Address:		, Florida	_
(	City)	(Zip Code)	
ew Registered Agent's Signature, if changing Registered A	<u>rent:</u>		
nereby accept the appointment as registered agent. I am famil	iar with and accept the o	bligations of the position.	
	N/A		
Signature of New Register	ed toom 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)

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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	V Dominick Regina	4 Nedford Dr.
Add		PALM COast, 7L
Remove		32137
2) Change	T Theresa Regina	4 Medford Dr
Add		PALM Coast, th
Remove		32137
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch	nange, reciassification, or cancellation of issued shares,
rovisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
\	
ominich Regina	& Theresa Regina sold all
heir Shapes a	ud InAnterved them to
trive Regiva, a	4 Theresa Regina'sold all and Ananferred them to and Michael Fonseca on
200 C	2
プレスコイニンドロー ユーロローム	

The date of each amendment(s) adoption: _	September	<u> </u>	2008	13 SEP 30	_AproBerZlian th
date this document was signed.	•			_SECRETARY	OF STATE
Effective date if applicable:				SECRETARY TALLAHASSE	E FLORIDA
	(no more than 90 days	after ame	endment file dat	e)	
Adoption of Amendment(s) (C	HECK ONE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient for		er of vote	s cast for the an	nendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voting					
"The number of votes cast for the am	endment(s) was/were suffic	cient for a	approval		
by					
6	roting group)				
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors withou	t shareho	older action and	shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without sha	reholder	action and shar	eholder	
Dated9//8	-//3				
Signature	ie K	<u> </u>			-
	esident or other officer - if				
	ncorporator – if in the hands ary by that fiduciary)	or a rec	eiver, trustee, oi	other court	
· ·	NINE Re (Typed or printed)	911	ja		_
	(Typed or printed	name of	person signing)		
	Secretar	24			
	/Title of o	archn cin	nunn)		