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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Steves	Tree	& CANDSO	CAPE	Corp
DOCUMENT NUMBER:	070000	001381	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence of	concerning this ma	atter to the follo	wing:		
_ Steve	(Name of Co	(ontact Person)			
Budget	Tree + (Firm/C	ANDSCA	pe Servic	e Co	orp,
P.o. B	UX 9702	23 (ress)	and the second s		
Mira.	(City/ State a	3197			
For further information concerning this matter, please call:					
Steus Mwir (Name of Contact Person	on)	at ( <u>305</u> (Area Coo	) <u>233- 0</u> le & Daytime Telep	Ohone Numb	per)
Enclosed is a check for the follow	ing amount made	payable to the	Florida Departm	ent of Sta	te:
\$35 Filing Fee \$43.75 Fil Certificate		S43.75 Filing Certified Copy (Additional coenclosed)	<i>,</i>	\$52.50 Fi Certificat Certified (Addition is enclose	e of Status Copy nal Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Schristian of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle		

, A	rticles of Amend	ment	Eu			
to						
An	Articles of Incorporation 2000 5					
Steve's Tre	e & CA	wdscape m	FILED 2009 FEB-6 AM 9:44			
(Name of Corporation as cus		he Florida Dept. of	State 455FE STATE			
	P0700001381					
. (Document Na	umber of Corporati	on (if known)				
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inc.		es, this <i>Florida Proj</i>	fit Corporation adopts the			
A. If amending name, enter the new name	of the corporation	<u>n:</u>				
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	" "Inc.," or Co.,	," or the designation	"Corp," "Inc," or			
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		<del></del>	· · · · · · · · · · · · · · · · · · ·			
		***************************************				
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)						
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:	<del>.</del>					
New Registered Office Address:	(Florida street address)		<u> </u>			
			, Florida			
		(City)	(Zip Code)			
New Registered Agent's Signature, if change I hereby accept the appointment as register position.			cept the obligations of the			
<del></del>	Signature of New	Registered Agent, if c	changing			

	t(s) adoption: Feb 3 2009
The date of each amendmen	
Effective date if applicable:	Feb 3rd 2009
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	-eb. 3 <sup>rd</sup> 2009
Signature	· · · · · · · · · · · · · · · · · · ·
(By sele	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)
	Steve Moring (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)