

P08000012847

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : O'BRIEN, RIEMENSCHNEIDER, KANCILIA & LEMON, J.A.
Account Number : 105204000476
Phone : (321) 728-2800
Fax Number : (321) 728-0002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DRIGRIP INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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September 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DRIGRIP INC.
PO BOX 120355
MELBOURNE, FL 32912-0355

SUBJECT: DRIGRIP INC.
REF: P08000012847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6906.

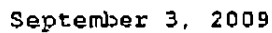
Darlene Connell
Regulatory Specialist II

FAX Aud. #: H09000193911
Letter Number: 209A00029607

P.O BOX 6327 - Tallahassee, Florida 32314

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002/00614-005 FAX 1/



DRIGRIP INC.
PO BOX 120355
MELBOURNE, FL 32912-0355

SUBJECT: DRIGRIP INC.
REF: P08000012847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the 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) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H09000193911
Letter Number: 209A00029515

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DRIGRIP INC.

DOCUMENT NUMBER: P08000012847

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Stephens
Name of Contact Person

O'Brien, Riemenschneider, Wattwood & Cantwall, P.A.
Firm/ Company

1686 W. Hibiscus Blvd
Address

Melbourne, FL 32901
City/ State and Zip Code

rachels@orkl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Stephens at (321) 728-2800
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

☐ \$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)

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

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

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Articles of Amendment
to
Articles of Incorporation
of

DRIGRIP INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000012847

(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:

Landwilt, Inc.

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**)

7676 Northern Oak Street

Melbourne, FL 32904

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

7676 Northern Oak Street

Melbourne, FL 32904

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:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | <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)

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)

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The date of each amendment(s) adoption: 8/29/09 (((H09000193911 3)))
(date of adoption is required)
Effective date if applicable: 8/29/09
(no more than 90 days after amendment file date)

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 cast for the amendment(s) was/were sufficient for approval
by _____."
(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 _____

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 fiduciary)

Patricia J. Landers

(Typed or printed name of person signing)

President

(Title of person signing)