

PD80000014478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600210392886

07/29/11--01009--024 **43.75

11 SEP 27 PM 1:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend
Name chg
@ cus
9/25/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sod Service of Jax, INC

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

JoAnn Capps

Name of Contact Person

Bedrock Landscape Supply, INC

Firm/ Company

9005 103rd Street

Address

Jacksonville, FL 32210

City/ State and Zip Code

joann@cappsland.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JoAnn Capps

Name of Contact Person

at (904)

551-2547

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2011

JOANN CAPPS
SOD SERVICE OF JAX INC
9005 103RD STREET
JACKSONVILLE, FL 32210

SUBJECT: SOD SERVICE OF JAX INC.
Ref. Number: P08000014478

We have received your document for SOD SERVICE OF JAX INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

YOU ALREADY HAVE A CORPORATE FILING WITH THE NAME BEDROCK LANDSCAPE SUPPLY, INC. IN ORDER TO USE THIS NAME DOCUMENT NUMBER P11000041925 MUST BE DISSOLVED AND YOU MUST SUBMIT AN AFFIDAVIT STATING THAT YOU HAVE NO INTENTIONS ON REINSTATING THIS CORPORATE FILING.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00017955

J. Capps
9005 103rd Street
Jacksonville, FL 32210

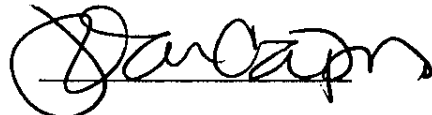
Division of Corporations
Attn: Irene Albritton
P.O. BOX 6327
Tallahassee, Florida 32314

August 24, 2011

Irene Albritton,

Please dissolve DOCUMENT NUMBER P11000041925, Bedrock Landscape Supply, INC. I have no intentions of reinstating this corporate filing.

Thank you,

A handwritten signature in black ink, appearing to read "JoAnn Capps", written over a horizontal line.

JoAnn Capps

RECEIVED
11 AUG 31 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Sod Service of Jax, INC

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

(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:

Bedrock Landscape Supply, 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**)*

9005 103rd Street

Jacksonville, FL 32210

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

9005 103rd Street

Jacksonville, FL 32210

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:

JoAnn Capps

New Registered Office Address:

9005 103rd Street

(Florida street address)

Jacksonville, FL 32210

(City)

, Florida 32210

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 27 PM 1:40

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)

The date of each amendment(s) adoption: 7/13/2011
(date of adoption is required)
Effective date if applicable: 7/13/2011
(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):

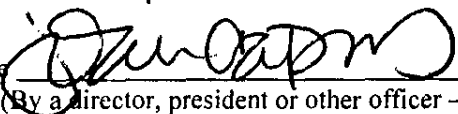
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 8/25/2011

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)

JoAnn Capps

(Typed or printed name of person signing)

President

(Title of person signing)