P08000037974

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COVER LETTER

Division of Corporations NAME OF CORPORATION: INDIGO&SAFFRON, INC. DOCUMENT NUMBER: P08000037974 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daphne Z. Baxter Name of Contact Person INDIGO & SAFFRON, INC. Firm/ Company 9077 Laurel Ridge Drive Address Mount Dora, FL 32757 City/ State and Zip Code indigoandsaffron@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 978-9795

Area Code & Daytime Telephone Number Daphne Z. Baxter

TO: Amendment Section

Name of Contact Person

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

Articles of Amendment to

Articles of Incorporation of

INDIGO & SAFFRON, INC.

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

	P08000037974		
(Docume)	nt Number of Corporation (i	f known)	-
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the a (Co". A professional corporation name must 'P.A."	
		N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			-
			_
			_
G . D	ta di Na		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A	
			_
			-
			_
D. If amending the registered agent an	ıd/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	N/A		<u>.</u>
	(Florida str	reet address)	
	N/A	•	
New Registered Office Address:	(City)	, Florida (Zip Code)	- 🏣 Īლ
	(3.9)	(24)	音
			ယ် 🚉
New Registered Agent's Signature, if c			1
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.	
12.	anature of New Registered	Agent 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 <math>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	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	N/A	N/A	9077 Laurel Ridge Drive
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	
	•
, , , , , , , , , , , , , , , , , , ,	
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) TOTAL SHARES - 51%D	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself; APHNE Z. BAXTER
- 49% S	STEVEN L. BAXTER

The date of each amendments	7/29/13	, if other than th
date this document was signed. Effective date if applicable:	7/29/13	
Enective date <u>n applicable</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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} The sharehol	ders (Daphne Z. Baxter & Steven L. Baxter "	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
7/2	913	
Signature	Soven Start	
se	y a director, president or other officer—if directors or officers have not been lected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Steven L. Baxter	
	(Typed or printed name of person signing)	
	Vice President & Treasurer	

(Title of person signing)