# P08000109420

| (R                      | equestor's Name)     |               |
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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Watson's Nursery Flandscaping Inc. P0800010942 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nursery & Landscaping Inc. 32736-9369 Sery 44A & Yahao used for futilize annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy

### **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

(Additional copy is enclosed)

Certified Copy

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## Articles of Amendment to Articles of Incorporation

| . (Document N  | umber of Corpo   | ration (if know                         | n)· · ·                                 | 733                                   | EE.               |
|--|------------------|---|---|---------------------------------------|-------------------|
| suant to the provisions of section 607.1 indment(s) to its Articles of Incorporation   |                  | atutes, this <i>Flo</i>                 | rida Profit Corp                        | poration adopts th                    | ie 'fo            |
| If amending name, enter the new name   | of the corpora   | tion:                                   | •                                       |                                       |                   |
|  |                  | • |   | The                                   | ne                |
| e must contain the word "chartered," "p<br>Enter new principal office address, if a<br>ncipal office address <u>MUST BE A STRI</u> | pplicable:       | NA                                      | - (                                     |                                       | ;                 |
|  |                  |   | · · · · · · · · · · · · · · · · · · ·   |                                       |                   |
| Enter new mailing address, if applicate (Mailing address MAY BE A POST OF  |                  | NA                                      | : · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                   |
|  |                  | •                                       |   |                                       |                   |
|  | 24               | -                                       |   |                                       | ,                 |
|  | r registered off | ice address in                          | Florida, enter t                        | he name of the                        | :                 |
| If amending the registered agent and/o   |                  |   |   |                                       | • : •             |
| If amending the registered agent and/onew registered agent and/or the new re   | gistereu omice   |   |   |                                       |                   |
| new registered agent and/or the new re   | gistered office  |   | •                                       |                                       | •                 |
|  | gistered office  |   |   | 4                                     | . * .             |
| new registered agent and/or the new re   |                  |   | dress)                                  | 4.                                    | . • •<br>. •      |
| new registered agent and/or the new re   |                  | lorida street ad                        | 37                                      |                                       | . • .<br>. •<br>• |
| new registered agent and/or the new re   | (F)              |   | 37                                      | lorida                                | -<br>-            |

| If amending the                       | ne Officers and/or Di                             | rectors, enter the t                       | itle and name of each officer/<br>and/or Director being added | director being                         |
|---------------------------------------|---|--|---|--|
|                                       | nal sheets, if necessar                           |  | and/or Director being added                                   | <u>.</u>                               |
| Title                                 | Name  |  | Address   | Type of Action                         |
| Vice Pres.                            | Jettre  | zy Watson                                  | 23130 CR44H<br>EUSHS, PC 3273                                 | Add Remove                             |
| · · · · · · · · · · · · · · · · · · · | <del> </del>                                      |  |   | □ Add<br>□ Remove                      |
|                                       | •   |  | · · · · · · · · · · · · · · · · · · ·                         | Li Remove                              |
| ·                                     | •   |  |   | □ Add<br>□ Remove                      |
|                                       |   |  |   |  |
| E. <u>If amendin</u><br>(attach addi  | gror adding additions<br>tional sheets, if necess | al Articles, enter c<br>ary). (Be specific | hange(s) here:<br>)   |  |
|                                       |   |  |   |  |
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|                                       |   | t was a way to the Maria                   |   |  |
|                                       | ·   |  |   | ,                                      |
| · · · · · · · · · · · · · · · · · · · | 43.   | <u> </u>                                   |   |  |
|                                       |   |  | <u> </u>  |  |
|                                       |   |  | ssification, or cancellation of ot contained in the amendmen  |  |
|                                       | applicable, indicate N                            |  |   |  |
|                                       |   | · · · · · · · · · · · · · · · · · · ·      | · ·   |  |
|                                       |   | <u> </u>                                   |   | · ·                                    |
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| The date of each amendment                             | (s) adoption:   | 8-2009                                |                             |
|--|---|---------------------------------------|-----------------------------|
| Effective date <u>if applicable:</u>                   | D9- (date of d  | adoption is required                  | <i>d)</i>                   |
|  | (no more than 90 days after   | amendment file da                     | ate) ·                      |
|  |   |                                       |                             |
| Adoption of Amendment(s)                               | (CHECK ONE  | )                                     |                             |
| The amendment(s) was/wer<br>by the shareholders was/we | e adopted by the shareholder<br>ere sufficient for approval.  | rs. The number of                     | votes cast for the amendmen |
|  | re approved by the sharehold<br>d for each voting group entit                                       |                                       |                             |
| "The number of votes                                   | cast for the amendment(s) wa  | ns/were sufficient for                | or approval                 |
| by   | (voting group)  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |                             |
|  | ( · - · · · · · · · · · · · · · · · · ·   | •                                     | •                           |
| action was not required.                               | e adopted by the board of di  |                                       |                             |
| Dated /  | 10-02-2000  | · · · · · · · · · · · · · · · · · · · |                             |
| Signature  | 9h/,-   |                                       |                             |
| sele   | a director, president of other<br>cied, by an incorporator – if i<br>pinted fiduciary by that fiduc | in the hands of a re                  |                             |
|  | Erin Wa<br>(Typed or printer  | atson<br>ed name of person s          | signing)                    |
|  | President   | · · · · · · · · · · · · · · · · · · · | 10 00 15                    |