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2010 DEC 17 M 9: 31
SECRETARY OF STATE

EFFECTIVE DATE

Amend

rB -

DEC 20 2010

COVER LETTER

TO: Amendment Section Division of Corporations	* ************************************
NAME OF CORPORATION: Demet	er's Harvest Inc.
DOCUMENT NUMBER: PIOOC	0000 1900
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Alice K	Le O ume of Contact Person
.t	Harvest, Inc.
3606 Il	
Orlando	Address 32803
	V/ State and Zip Code Narve St a mail. com for future annual report notification
For further information concerning this matter, p	blease call:
Alice Reo Name of Contact Person	at (407) 625-6531 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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					
Name of Corporation as cur PLOOC (Document Nu	of	+	PILED POSECRETARY OF SE PALLAHASSE OF SE		
(Name of Company)	ar ve si	Florida Dará as Stad	- 10 DEC 17		
(Name of Corporation as cur	rently med with the	TO TO TO THE	ALLASTAD AM 9: 36		
(Document Nu	mber of Corneration	$\frac{1900}{\text{(ifknown)}}$	-AHASSEE, ESTATE		
(Document Nu	inder of Corporation	(II KIIOWII)	ORIDE		
Pursuant to the provisions of section 607.100 namendment(s) to its Articles of Incorporation:	06, Florida Statutes,	this Florida Profit C	corporation adopts the following		
A. If amending name, enter the new name of	of the corporation:		EFFECTIVE DATE		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "Corp	o," "Inc," or "Co". A	professional corporation		
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE)</u>		NA			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		N/A			
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:	Alice	100			
New Registered Office Address:	Orland (City)	street address) OFL	RIVE , Florida 32803 Code)		
New Registered Agent's Signature, if changing the hereby accept the appointment as registered to the appointment as registered to the hereby accept the appointment as registered to the appointment as a registered to the appointment and a registered to the	agent. I am famil ia y	with and accept the of			
	Signature of New Re	gistered Agent, if chang	ging		

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>	Name	Address	Type of Action
D, P	Steven M. Head	3606 Ibis Pr Orlando 41 3280	☐ Add ② 反 Remove
5,1	Steven M. Head	3606 Ibis Pr Orlando, U 32803	_ □ Add _ ဩ Remove
<u> </u>	Susan M. Head	3606 IBIS DR Orlando, Fl	_ ☐ Add _ ☐ Remove
D, P	Michael Kosten	3606 IBIS Dr Orlando, 71 32	- ons & ADD
	ding or adding additional Articles, enter additional sheets, if necessary). (Be specificational sheets)	cnange(s) nere:	203
	Λ <i>IA</i>		
	, , ,		

	mendment provides for an exchange, recl		
	ons for implementing the amendment if not applicable, indicate N/A)	•	itself:
***	N/r	7	
			
			
			·

The date of each amendment	(s) adoption:	12/	10/2010)	
Effective date <u>if applicable</u> :		(date of add	option is required)	1/1/20	11
·	(no more than 9	0 days after a	mendment file date,	, / /	
• '					
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)			
The amendment(s) was/wer by the shareholders was/we			The number of vo	tes cast for the ame	endment(s)
The amendment(s) was/wer must be separately provided					-
"The number of votes of	ast for the amend	dment(s) was/	were sufficient for	approval	
by			,,,		
/	(voting group)				
The amendment(s) was/wer action was not required.	e adopted by the	board of direc	tors without shareh	older action and sl	nareholder
The amendment(s) was/wer action was not required.	e adopted by the	incorporators	without shareholde	r action and sharel	nolder
Dated	2/10/2	010			
selec		orator – if in	ficer – if directors of the hands of a receive		
	Tev	ien 1	M. Head name of person sig		
	Mesi a	dent	Priector,		