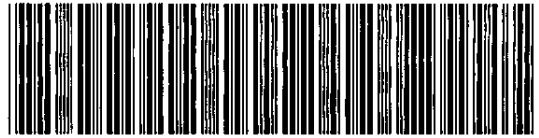


P10 000024214

(Requestor's Name)



300163440353

USE PRINT PHONE 172 223-5898  
Treasure Coast Land Services, Inc.  
2461 SE Golfwood Drive  
Stuart, FL 34996  
(City/State)

☐ PICK-UP ☐ WAIT ☐ MAIL

05/03/10--01029--004 \*\*35.00

(Business Entity Name)

(Document Number)

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10 MAY -3 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDED  
REP  
5/6



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2010

TREASURE COAST LAND SERVICES  
2461 SE GOLFWOOD DR.  
STUART, FL 34996

SUBJECT: TREASURE COAST LAND SERVICES INC.  
Ref. Number: P10000024214

We have received your document for TREASURE COAST LAND SERVICES INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 110A00009917

LED  
AM 8:00  
OFFICE  
3/22/10

Articles of Amendment  
to  
Articles of Incorporation  
of

TREASURE COAST LAND SERVICES, INC.

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

P10000024214

(Document Number of Corporation (if known))

FILED  
10 MAY -3 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DONNA M SCHWARZ

New Registered Office Address:

2461 SE GOLFWOOD DRIVE

(Florida street address)

STUART

(City)

Florida 34996  
(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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2010 APR 15 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
<u>PRES</u>	<u>DONNA M SCHWARZ</u>	<u>2461 SE GOLFWOOD DRIVE</u> <u>STUART, FL 34996</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>PRES</u>	<u>JAMES K. SCHWARZ</u>	<u>2461 SE GOLFWOOD DRIVE</u> <u>STUART, FL 34996</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<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)*

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**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: 1-12-10  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 4-12-10

Signature [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)

Donna Schwarz  
(Typed or printed name of person signing)

Pres.

\_\_\_\_\_  
(Title of person signing)