

P100000047109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

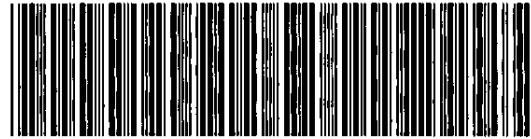
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED

14 MAR 24 AM 10:13
SECRETARY OF STATE
MAIL ACQUISITION DIVISION

C. LEWIS
MAR 25 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PINE Isle Farms, Inc.
DOCUMENT NUMBER: P10000047109

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

Please return all correspondence concerning this matter to the following: ^{Incorporator} (President, owner)

Stacey Parks - Registered Officer

Name of Contact Person

Pine Isle Farms Inc

Firm/ Company

P O BOX 542443

Address

MERRITT ISLAND FL 32954

City/ State and Zip Code

StaceyParks@cfl.rr.com

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

For further information concerning this matter, please call:

Stacey Parks at (321) 458-5904 (cell)
Name of Contact Person 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

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 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.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

★ NOTE my twin sister
Tracey Parks is being added
as the new president for business
loan purposes. DO NOT GET
The Names confused!

Type of Action
(Check One)

Title Name Address

- 1) ☐ Change
☐ Add
☒ Remove

President Stacey Parks

PO Box
542443 Merritt
Island, FL 32954

- 2) ☐ Change
☒ Add
☐ Remove

VP & Owner
Tracey Parks
new president (as new president)
& owner

PO Box 54244
Merritt Island
FL, 32954

- 3) ☐ Change
☐ Add
☐ Remove

- 4) ☐ Change
☐ Add
☐ Remove

- 5) ☐ Change
☐ Add
☐ Remove

- 6) ☐ Change
☐ Add
☐ Remove

WE ARE TWINS!
Don't confuse the names

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)

Tracey Parks - The New President, VP & Owner
IS TO BE Given 80% ownership & Shares of
the Corporation. This is being done for business
loan purposes with both of my twin
Sister and I's Permission + Acknowledgment.

Stacey Parks Owner & now former President
Is to retain 20% Ownership & Shares in the Corp.

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AND
FILED

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The date of each amendment(s) adoption:
date this document was signed.

3/17/2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

, if other than the

Effective date if applicable:

3/17/2014

(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

3/17/2014

Signature

Stacey Parks (owner, Incorporator)
(past president)

(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)

Stacey Parks

(Typed or printed name of person signing)

(President) Owner, Incorporator

(Title of person signing)