## P10000054819

|  | (Requestor's Name)                    |          |
|--|---------------------------------------|----------|
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| · ·                                    |                                       |          |
|  | (City/State/Zip/Phone #               | )        |
|  |                                       |          |
| PICK-                                  | UP WAIT                               | MAIL     |
|  | •                                     |          |
| -                                      |                                       |          |
| -                                      | (Business Entity Name)                | 1        |
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|  | (Document Number)                     |          |
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| Certified Copies                       | Certificates of                       | f Status |
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| Special Instructio                     | ns to Filing Officer:                 |          |
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TALLAHASSEE FLOORES

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## **COVER LETTER**

TO: Amendment Section

| Division of C  | Corporations .                                    | •                             | <u> </u>                                  |   |                |
|--|---|-------------------------------|---|---|----------------|
| NAME OF COR  | poration: $41/5$                                  | LUSONS N                      | urseru a                                  | nd_   | <u>.</u> • . • |
|  |   |                               |   | •   | ·<br>          |
| DOCUMENT N   | Land Scap  UMBER: Plo                             | 000 548                       | 19  | yê tiya ciyatiriya ± tiri ya                                    | ***            |
| The enclosed Arti  | cles of Amendment and fe                          |                               |   |   |                |
| Please return all c  | orrespondence concerning                          | this matter to the            | following:                                |   |                |
|  | B   | Name of Contact P             | W   |   |                |
|  | , , , , ,   | <del>-</del> - ′              | <del>-</del>                              | 4. 75. 1. 2 - 2 - 2   |                |
|  | Bulow Whole                                       | Sale Nurs<br>Firm/ Compan     | sery and                                  | Landscrep   | pl             |
|  | 0 - 60/   | auam                          | ) sugg                                    | ·   |                |
|  | PO DOX  | Address                       | 1   |   |                |
|  | Winter  | Haven,<br>City/ State and Zip | V/ 3388                                   | 2-9497  |                |
|  | DSUCh S<br>E-mail addyess: (to be                 | weed for future annua         | Ol. COM                                   | :   | -              |
| Pos Guals Times  |   | ,                             |   | \$<br>\$  |                |
| Judit  | nation concerning this matter.  1. Shull Cl       | OTP at (84                    | (3) 206                                   | 7026  |                |
| The same of the sa | e of Contact Person<br>ok for the following amour |                               | a Code & Daytime Te                       |   | <b></b>        |
| \$35 Filing Fee  | \$43.75 Filing Fee & Certificate of Status        | □\$43.75 F<br>Certified       | Filing Fee &                              | \$52.50 Filing For Certificate of Structure Copy (Additional Co | tatus          |
| P.O. Box 6   | nt Section f Corporations 5327                    | Division Clifton B            | ent Section<br>of Corporations<br>uilding |   | , • •          |
| Tallahasse   | e, FL 32314                                       |                               | cutive Center Circ<br>ee, FL 32301        | le  | •              |

## **Articles of Amendment** Articles of Incorporation. of 🐇

| All Season         | < NINVER | eniand | Land | SAADIMA | lno   |
|--------------------|----------|--------|------|---------|-------|
| (Name of Corporati |          |        |      |         | 00110 |

P10000054819 (Document Number of Corporation (if known)

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  | ne corporation   |                              |                        | upplies              | INC |
|---|------------------|------------------------------|------------------------|----------------------|-----|
| Bulow Wholesale Nu  | rspru.           | and hand                     | SCODE                  | The new              |     |
| name must be distinguishable and contain the  | word "corpo      | ration " "company"           | or "incorpore          | ted" or the          |     |
| abbreviation "Corp.," "Inc.," or Co.," or the de  | esignation "Cor  | p." "Inc." or "Co".          | A professional         | corporation          |     |
| name must contain the word "chartered," "profes   | sional associat  | ion," or the abbrevia        | tion "P.A."            | 50. <b>P</b> .5. 35, | , , |
| B. Enter new principal office address, if applic  | able:            | Bert B                       |                        |                      |     |
| (Principal office address MUST BE A STREET A  | <u>ADDRESS</u> ) | 1943 Eloi                    | in Anna                | 10                   |     |
| 100   | ,                |                              |                        |                      | 1   |
| (Same)  | -                | WinterA                      | laven, F               | -1 3388              | 4.  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)               | <i>BOX</i> )     |                              |                        | -<br>-               |     |
| same  | •                | POBOX 9                      | 497                    | /                    |     |
| •   | ·                | WINTER Ha                    | ven,Fl                 | 33884                |     |
|   |                  |                              | } · '                  | _ /                  |     |
| D. If amending the registered agent and/or reg  | istered office a | <u>ddress in Florida; en</u> | <u>ter the name of</u> | <u>f the</u>         | -   |
| new registered agent and/or the new register  | red office addr  | ress:                        |                        | •                    |     |
| Name of New Registered Agent.   |                  |                              | ·<br>·                 |                      | •   |
|   |                  |                              | <del>-</del>           |                      | * - |
| New Registered Office Address:  | - (Florid        | a street address)            | <del>-</del>           |                      |     |
|   |                  |                              | , Flórida              |                      |     |
|   | (City)           | (Z)                          | p Code)                |                      |     |
| ·   |                  | •                            |                        |                      |     |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent |                  |                              | obligations of i       | the position.        |     |
|   | -                |                              |                        |                      |     |
|   |                  | *                            | · ·:                   | •                    |     |
| Sign  | nature of New R  | egistered Agent, if cha      | anging                 |                      |     |
|   |                  |                              |                        |                      |     |

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title ... Name Address Type of Action ☐ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

| The date of each amendmen  |  | Jul   | 47,             | <u> 2010</u>     | <u> </u>        |
|--|--|---|-----------------|------------------|-----------------|
| Effective date if applicable:  | (no more than 90 d   | (date of adoption of the land | 1. Ju           | ly I, a          | 2010            |
| Adoption of Amendment(s)   | (СНЕ   | CK:ONE)   |                 |                  | •               |
| The amendment(s) was/w by the shareholders was/v   |  |   | e number of v   | otes cast for th | ne amendment(s) |
| The amendment(s) was/w must be separately provide  |  |   |                 |                  |                 |
| "The number of votes   | s cast for the amendm  | nent(s) was/wer   | e sufficient fo | r approval       |                 |
| by   | (voting group)   |   |                 | · dist           |                 |
| The amendment(s) was/w action was not required.  The amendment(s) was/w action was not required. |  |   |                 | ;                |                 |
| Dated  | July 1   | J DOIC  |                 | COT .            |                 |
| se'  | y a director, presiden<br>lected, by an incorpor<br>pointed fiduciary by | rator - if in the   |                 |                  |                 |
|  | Be   |   | Now             |                  | · .             |
|  | $\rho_{RZ}$  | d or printed nar  | ne of person s  | igning)          | 3               |
|  | (Title of p  | erson signing)  |                 |                  |                 |

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