P12000067682

or's Name)
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te/Zip/Phone #)
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s Entity Name)
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Certificates of Status
Officer:

Office Use Only



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Amend & Mc

OCT 2 4 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FONTAINE	AND SON LAV	VN CARE INC	
DOCUMENT NUMI	D4200006769			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	DAVE GOLDBER	RG		
		Name of Contact Perso	n	-
	TAXES & PAYRO	OLL ACCOUNT	ANTS INC	
		Firm/ Company		-
	825 E COWBOY	WAY #106		
		Address		-
	LABELLE, FL 33	935		
	,	City/ State and Zip Coo	le	_
dav	ve taxes@aol.com	1		
	_	sed for future annual repor	notification)	
		•		
For further information	n concerning this matter, pleas	se call:		
DAVE GOLD	BERG	at (863	、342-8151	
Name o	of Contact Person	Area Co) ode & Daytime Telephone Numbe	r
Enclosed is a check fo	r the following amount made j	payable to the Florida Dep	artment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



FONTAINE AND SON LAWN CARE INC

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P12000067682	
(Document Number of Corporation (if I	(nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fa</i> its Articles of Incorporation:	Porida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CURB DOC LAWN CARE INC	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	*
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 addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street address)

(City)

, Florida

(Zip Code)

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 <math>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: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> .	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	DJM FONTAINE	1511 NW 18TH TER
Add			CAPE CORAL, FL 33993
X Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change		·	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u></u>
	,
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(2f 4 1) 1 - 1 - 1 4 - 37/45	
(if not applicable, indicate N/A)	
(ij noi applicavie, indicale N/A)	
(ij noi applicable, indicale N/A)	

The date of each amendment(s) adoption: 10-16-12
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 10/16/12
Signature anthone 5 fontains
(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)
ANTHONY S FONTAINE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)