

P13000052325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

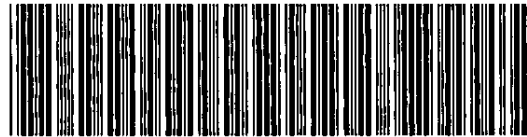
(Business Entity Name)

(Document Number)

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07/12/13--01025--004 \*\*35.00

FILED  
13 JUL 29 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL 30 2013  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2013

DELROY PATRICK / GREEN LIVITY INC  
4219 SPRINGFIELD BLVD SUITE 3  
JACKSONVILLE, FL 32206

SUBJECT: GEEN LIVITY INC  
Ref. Number: P13000052325

We have received your document for GEEN LIVITY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 213A00017220

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GREEN LIVITY Inc.  
DOCUMENT NUMBER: P 13000052325

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

Please return all correspondence concerning this matter to the following:

DELOY PATRICK  
Name of Contact Person  
GREEN LIVITY Inc  
Firm/ Company  
4219 Springfield Blvd Suite 3  
Address  
Sebringville FL 32206  
City/ State and Zip Code  
deloy.patrick@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deloy Patrick at 904 229-4274  
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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment  
to  
Articles of Incorporation  
of

Green Livity Inc.

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

P 13000052325

(Document Number of Corporation (if known))

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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:**

GREEN LIVITY INC

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

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

☒ Add

☐ Remove

V

Christopher  
Patrick

1113 Queen Parker  
Sarasota FL  
34243

2) ☐ Change

☒ Add

☐ Remove

S

Jane  
Patrick

\_\_\_\_\_

3) ☐ Change

☒ Add

☐ Remove

T

KENNETH CIL  
EVELYN

941 Sapwood St  
Sacramento CA  
95834

4) ☐ Change

☐ Add

☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) ☐ Change

☐ Add

☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) ☐ Change

☐ Add

☐ 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: 7/10/13

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

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TALLAHASSEE, FLORIDA

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.

X Dated 6/17/13

Signature X \_\_\_\_\_

(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)

DELOY PATRICK

(Typed or printed name of person signing)

President

(Title of person signing)

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