P13000072585

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MEADOWS ECOLOGICAL, INC. DOCUMENT NUMBER: P13000072585 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELLE TISHLER Name of Contact Person Firm/ Company PO BOX 34096 Address INDIALANTIC, FL 32903 City/ State and Zip Code michelletishler@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELLE TISHLER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

MEADOWS ECOLOGICAL, INC.	AT STATE
(Name of Corporation as currently filed with the	Florida Dept. of State)
P13000072585	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	. The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	1122 S WICKHAM RD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST MELBOURNE, FL 32904
•	
C. Euter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 34096
	INDIALANTIC, FL 32903
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	the state of the s
Name of New Registered Agent ALAN JOTKOF	
1122 S WICKI	HAM RD
(Florida :	street address)
Non-Paristand Office 44thers W MELBOURN	NE 32904
New Registered Office Address: VV MELBOOK!	, ranke
	G.
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	
Alan .lotkoff	ly ingreni by Park J. 1940. ordyna Juhadi, ordd Ph, iner MPh, meidir Agalled (Cjalled Lann).

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:						
X Change	<u>PT</u> <u>Jol</u>	m Doe				
X Remove	<u>V</u> <u>M</u> i	Mike Jones				
X Add	SV Sal	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) Change	P	MICHELLE MEADOWS	932 SOUTH WICKHAM RE			
Add			W MELBOURNE, FL 3290			
Remove						
2) Change	P	MICHELLE TISHLER	1122 S WICKHAM RD			
Add			W MELBOURNE, FL 32904			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change (Be specific)	(s) bere:	•	•
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If an amendment provides for an exch	ange, reclassificat	ion, or cancellatio	n of issued share	<u>s,</u>
(if not applicable, indicate N/A)	adment if not cont	ained in the amer	dment itself:	
(y no. appricable, mancare 1911)				
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The date of each amendment(s) adoption: DECEMBER 22, 2014	, if other than the
date this document was signed.	
Effective date if applicable: DECEMBER 22, 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)	
(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_DECEMBER 22, 2014	
Signature Mahella State	
(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)	
MICHELLE TISHLER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	