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R. WHITE

## **COYER LETTER**

TO: Amendment Section Division of Corporations	s			
NAME OF CORPORATIO	n: Caurf P14000	Coast S 017256	od Specialist	Inc.
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.		
Please return all corresponder	nce concerning this ma	tter to the following:		
	BRI GWF ( 16601 OI FORTE LL	Name of Contact Person  Firm/ Company  Address  Address  UERS FL.  Oity/ State and Zip Code	Speciaust I 1 33912	NC.
Gue	- COO	at Sod S	specialist inda	Damai I.ce
13		sed for future annual report	Dyanoo.com	
For further information conce			U	
Renau (	2 BRUEN act Person	at ( <b>239</b> Area Co		e.639)800- 3048
Enclosed is a check for the fo	llowing amount made p	payable to the Florida Depa	artment of State:	
	\$43.75 Filing Fee & Certificate of Status	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 Articles of Amendment to Articles of Incorporation

01	
GULF COAST SOD SPEC	CIACIST TNC. 14 JUL 13 19 19:59
(Name of Corporation as currently filed with the I	Florida Dept. of State)
P14000017256	PALLANDER STORE
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
-N/A-	The new
name must be distinguishable and contain the word "corporation "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
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	16601 OLD US. 41 FORT MUSES FL.
	33912
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 3417
	FLORIDA 33918
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent PASCAL	Dupuy of BRUNO + PRADO PLL
10970 5. (Florida su	Dupuy of Bruno + PRADO, PLLY LEVELAND AVE. SUITE #303
New Registered Office Address: Foot Wy	FRS
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u> :	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO.	BRIAN DAVIDSON	P.O. BOX 3417
Add			NORTH FORT LUGGES,
Remove			FLORIDA 33918
2) X Change	CFO.	BRIAN O'BRIEN	P.O. BOX 3417
Add			NORTH FORT MYERS,
Remove			FLORIDA 33918
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Charact			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
-N/A-	
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	<del>-</del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment itsen:
-1110	
-W/H-	
ı	
	•
,	

	, if other than the
date this document was signed.  Effective date if applicable: 7/15/2014	
(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 east 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 7/15/2014	·
Signature  (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)	
BRIAN O'BRIEN	_
(Typed or printed name of person signing)	
C.F.O.	<u> </u>
(Title of person signing)	