P16000018160

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Abacos Nursery, In	nc.		
DOCUMENT NUMBE	R: P16000018760			
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this mat	tter to the following:		
S	nerry Martin			
<u></u>	, , , , , , , , , , , , , , , , , , ,	Name of Contact Person		
A	bacos Nursery, Inc.			
Firm/ Company				
850 Osteen Cemetery Rd.				
Address				
D	eliona, FL 32738			
		City/ State and Zip Code		
sherrym	ar10@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	oncerning this matter, pleas	se call:		
Sherry Martin		at (228-6111	
Name of Contact Person		Area Coo	ie & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment 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)	
Amend Division P.O. B	g Address ment Section n of Corporations ox 6327 ussee, FL 32314	Amendi Division Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Abacos Nursery, Inc.					
(Name	of Corporation as curren	tly filed with the Florida Dep	t. of State)		
P16000018760					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:				
			The new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpore	orated" or the abbreviation ation name must contain the		
B. Enter new principal office address. (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS)		<u></u>		
	C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		850 Osteen Cemetery Rd.		
		Deltona, FL 32738			
D. If amending the registered agent an new registered agent and/or the ne			ne of the		
Name of New Registered Agent	•	<u> </u>			
	850 Osteen Cemetery Rd				
	Deltona,	treet address)	32738		
New Registered Office Address:		(City)	, Florida(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ıs of the position.		
	Shurif Signature (of New	Registered Agent, if changing	Will may 1		
	J		O D L		

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.

X Change	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	VPSE	Sherry Martin	850 Osteen Cemetery Rd.
Add			Deltona, FL 32738
Remove			
2) X Change	PSD	Bradley Martin	850 Osteen Cemetery Rd.
Add			Deltona, FL 32738
Remove			
3) Change	D	Steven VanOs	850 Osteen Cemetery Rd.
X Add			Deltona, FL 32738
Řemove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•	
Add			
Remove			

Attach addit	e or addine additionational sheets, if necess	ary). (Be specific)	MARKET STATE		
	•				,
·					
f an ameno provisions (if not	dment provides for a for implementing the applicable, indicate N	n exchange, reclass amendment if not VA)	fication, or cancella contained in the am	tion of issued shares rendment itself:	•
					
·					

The date of each amendment(s) ado	option;	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 50 days after ameriament fite date)	
Note: If the date inserted in this blod document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this da artment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(sticient for approval.	;)
	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ted by the board of directors without shareholder action and shareholder	ःग
☐ The amendment(s) was/were adopted action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated May	16, 2016	
Signature	Shorp of The	
	ector, president or other officer - if directors or officers have not been	
	by an incorporator $-j$ if in the hands of a receiver, trustee, or other cour if fiduciary by that fiduciary)	t
S	Sherry Martin	
_	(Typed or printed name of person signing)	
v	/P	
	(Title of person signing)	