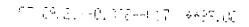
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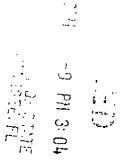
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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June 18, 2021

DRAGONFLY LANDSCAPES INC. PO BOX 690703 VERO BEACH, FL 32966

SUBJECT: DRAGONFLY LANDSCAPES, INC

Ref. Number: P18000085260

We have received your document for DRAGONFLY LANDSCAPES, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6052.

Letter Number: 721A00013844

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

DragonFly LandScapes Inc.	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P1800085260)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>:</u>
	TI .
name must be distinguishable and contain the word "corporation," Inc" or Co.," or the designation "Corp," "Inc," or "Co"." "chartered," "professional association," or the abbreviation "P"	. A professional corporation name must contain the word
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)	PO BOX 690703
	PO BOX 690703 Vero Beach, FL 32966
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
-	21. 2
(Florida	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of New	w Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	other	David Bivens	1089 George St.
Add			1089 George St. Sebastian, FL 32958
Remove			
2) Change	other	Thomas Hearn	430 Uster Rd
Add			Landrum, SC 29356
Remove Change	P	Scott Henry	4049 57th Ter
Add			Vero Brach, F1 32966
Remove	. 1	, , ,	
4) X Change	<u>V</u>	Jackie Henry	4044 57th Ter Ver Beach, FL 32961
<u></u> ★ Add			Ver Beach, FL 32961
Remove			***************************************
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

case see notorred copy of Resolution and		ticles, enter change(s) here: (Be specific)
covisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) Case See notoried copy of Resolution and		
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covisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) Case See notoried copy of Resolution and	±	
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) ease see notonical copy of Resolvition and are allocation.		
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are allocation.	ease see notori	ca copy or resolution and
	are allocation.	
	"	

The date of each amendment(s) adoption	4/23/2021	, if other than the
date this document was signed.		
Effective date if applicable: 4/23	12021	
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requit of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for for approval.	the amendment(s)
	y the shareholders through voting groups. The j ting group entitled to vote separately on the am	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by Shareholder	, ·	•
	(voting group)	
Dated April 27 Signature	m 2021	
	resident or other officer – if directors or officer	s have not been
selected, by an	incorporator - if in the hands of a receiver, trust	
appointed fiduc	iary by that fiduciary)	
Sco	H Henry	
4.,	(Typed or printed name of person signing)	
Rres	(Typed or printed name of person signing) .	
	(Title of person signing)	

Prepared by: Nicolás A. Apfelbaum, Esq. 451 SW Bethany Dr. | Suite 202 Port St. Lucie, FL 34986

RESOLUTION OF DRAGONFLY LANDSCAPES, INC., A FLORIDA CORPORATION.

THE UNDERSIGNED, AS PRESIDENT OF THE ABOVE NAME CORPORATION, DOES HEREBY CERTIFY THAT SAME IS A VALID AND ACTIVE CORPORATION, ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF FLORIDA, AND FURTHER CERTIFIES THAT I AM AN OFFICER OF THE CORPORATION, SERVING IN THE CAPACITY OF PRESIDENT AND SOLE DIRECTOR AND SHAREHOLDER OF THE CORPORATION, AND THAT IN THOSE CAPACITIES I AM MAKING THIS RESOLUTION DULY ADOPTED AT A MEETING OF THE BOARD OF DIRECTORS OF THE CORPORATION. WHICH MEETING WAS HELD ON THE ___ DAY OF APRIL, 2021 AND WAS A VALID MEETING OF THE BOARD OF DIRECTORS, IN ACCORDANCE WITH THE BY-LAWS OF THE CORPORATION.

I FURTHER CERTIFY THAT THE RESOLUTION, WHICH WAS PASSED UNANIMOUSLY BY THE BOARD OF DIRECTORS AND CONSENTED HEREWITH BY ALL OF ITS SHAREHOLDERS, HAS NOT BEEN MODIFIED OR RESCINDED, IS AS FOLLOWS:

RESOLVED THAT, IN EXCHANGE FOR YEARS OF SERVICE TO THE CORPORATION AS WELL AS OTHER GOOD AND VALUABLE CONSIDERATION, THE CORPORATION SHALL TRANSFER FORTY FIVE PERCENT (45%) OF ITS STOCK, WHICH WAS RECENTLY REACQUIRED BY THE CORPORATION, TO JACKIE HENRY, WITH THE REMAINING FIFTY FIVE PERCENT (55%) TO CONTINUE TO BE HELD BY SCOTT HENRY.

I FURTHER CERTIFY THAT THE FOREGOING RESOLUTION HAS NOT BEEN MODIFIED OR RESCINDED IN ANY RESPECT AND IS IN FULL FORCE AND EFFECT, AND THAT THE FOLLOWING PERSONS ARE THE OFFICERS OF THIS CORPORATION:

Name: SCOTT HENRY Title: PRESIDENT

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AS AN OFFICER AND/OR SHAREHOLDER OF THE CORPORATION, AND IN SUCH CAPACITY, I HAVE AFFIXED HERETO THE SEAL OF THE CORPORATION.

DRAGONFLY LANDSCAPES, INC. A FLORIDA CORPORATION

BY: SCOTT HENRY

TITLE: PRESIDENT & SHAREHOLDER

STATE OF FLORIDA Horida

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY OF APRIL, 2021 BY SCOTT HENRY, INDIVIDUALLY AND AS PRESIDENT OF DRAGONFLY LANDSCAPES, INC., A FLORIDA CORPORATION, [] WHO IS PERSONALLY KNOWN TO ME OR [] HAS FURNISHED HIS FLORIDA DRIVERS LICENSE AS IDENTIFICATION, [] BY PHYSICAL PRESENCE OR [] ONLINE NOTARIZATION. AND HE DIDTAKE AN OATH.

THE S.

NOTARY PUBLIC STATEOFFLORIDA MY COMMISSION EXPIRES:

Commission # GG 355187
Expires July 15, 2023
Bonded Thre Troy Fair Insurance 800-385-761