

P190000036206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

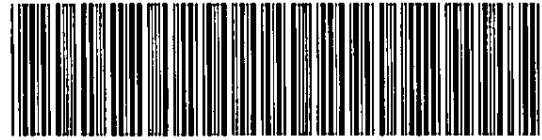
(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PLANT SOURCE LANDSCAPE & RESTORATIONS INC.

DOCUMENT NUMBER: P19000036206

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

Please return all correspondence concerning this matter to the following:

PATRICK WARRICK

Name of Contact Person

PLANT SOURCE LANDSCAPE & RESTORATIONS INC.

Firm/ Company

2435 TUTTLE TERRACE

Address

SARASOTA, FL 34239

City/ State and Zip Code

INFO@WICKSLAWN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK WARRICK at ( 941 ) 527-8912  
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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

PLANT SOURCE & RESTORATIONS INC.

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

P19000036206

(Document Number of Corporation (if known))

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:**

PLANT SOURCE LANDSCAPE & RESTORATIONS 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: \_\_\_\_\_

(City)

\_\_\_\_\_, Florida

(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:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One)       | Title | Name  | Address |
|-------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change  | _____ | _____ | _____   |
| <input type="checkbox"/> Add        |       |       | _____   |
| <input type="checkbox"/> Remove     |       |       | _____   |
| 2) <input type="checkbox"/> Change  | _____ | _____ | _____   |
| <input type="checkbox"/> Add        |       |       | _____   |
| <input type="checkbox"/> Remove     |       |       | _____   |
| 3 ) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add        |       |       | _____   |
| <input type="checkbox"/> Remove     |       |       | _____   |
| 4) <input type="checkbox"/> Change  | _____ | _____ | _____   |
| <input type="checkbox"/> Add        |       |       | _____   |
| <input type="checkbox"/> Remove     |       |       | _____   |
| 5) <input type="checkbox"/> Change  | _____ | _____ | _____   |
| <input type="checkbox"/> Add        |       |       | _____   |
| <input type="checkbox"/> Remove     |       |       | _____   |
| 6) <input type="checkbox"/> Change  | _____ | _____ | _____   |
| <input type="checkbox"/> Add        |       |       | _____   |
| <input type="checkbox"/> Remove     |       |       | _____   |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**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 is indicated

and the document was signed

MAY 1 2019

Effective date of amendment

Name of the person who signed the document and the date of the document's effective date on the Department of State's records

Amendment (1)

CHUCK ONE

- ☐ The amendment (1) was not signed by the person who signed the document
- ☐ The amendment (1) was not signed by the person who signed the document
- ☐ The amendment (1) was not signed by the person who signed the document

The number of votes cast for the amendment (1) was not sufficient for approval

by

CHUCK ONE

- ☐ The amendment (1) was not signed by the person who signed the document
- ☐ The amendment (1) was not signed by the person who signed the document

MAY 1 2019

Date

Signature



CHUCK ONE  
CHUCK ONE  
CHUCK ONE

APPROVED

CHUCK ONE

CHUCK ONE