## 691000032333

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	¥)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MID FLORIDA N	URSERIES INC			
DOCUMENT NUMI	P21000025237				
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	CHRISTOPHER B RUMPH				
		Name of Contact Perso	n		
	MID FLORIDA NURSERIE	S INC			
		Firm/ Company	<del></del>		
	504 EASTON DR	, ,			
		Address			
	LAKELAND FL 33803-222	6			
		City/ State and Zip Cod	c		
	CHRIS@MIDFLORIDANU	RSERIES.COM			
		sed for future annual report	notification)		
For further information	n concerning this matter, plea	863	. 860-4351		
Name of Contact Person		at (	de & Daytime Telephone Number		
	r the following amount made				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & 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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		
Talla	thassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MID FLORIDA NURSERIES INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P21000025237	
(Document Number of	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) t
A. If amending name, enter the new name of the corporation:	
MID FLORIDA NURSERIES & TREE FARM INC	The new
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.	'company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u> </u>
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 add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	N/A
(Florida sti New Registered Office Address:	reet address)  N/A  (City)  Florida T  (City)  Florida T  (City)  Florida T  (City)  Florida T  (City)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	t: with and accept the obligations of the position.
	N/A Registered Agent, if changing
Signature of New R	Registered Agent, if changing

Check if applicable

 $\Box$  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.

Frample:

X Change	<u>74</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jor	<u>nes</u>			
X Add	<u>sv</u>	Sally Sm	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) Change		_	-	N/A	 _	
Add					_	
Remove					_	
2) Change		_			 ~	7
Add					_	
Remove 3) Change		<u> </u>			 _	
Add					_	
Remove					_	
4) Change		_			 _	
Add						
Remove						
5) Change		_			 _	
Add					_	
Remove						
6) Change					 	
Add					 ***	
Remove					_	

ttach <i>additional sheets, if ne</i>	ional Articles, enter ch cessary). (Be specific	)		
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in amendment provides fo	r an exchange, reclass	ification, or cancel	lation of issued share	<u>:s.</u>
ovisions for implementing (if not applicable, indicat	the amendment if not	contained in the a	imendment itself:	
ty nor appricant, mateur				
<u>-</u>	NIA			
· II.				<del></del>
			<del></del>	<del></del> _
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The date of each amendment(s)	adoption: 37	f other than the
date this document was signed.		other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/25/202 Dated Signature		
selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nated fiduciary by that fiduciary)	
	CHRISTOPHER B RUMPH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	