P 23197

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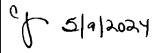
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COVER LETTER

TO: Amendmen	t Section Division of Corporation	S	
SUBJECT:	Mulch Man	stacturing Inc.	
DOCUMENT NUM	0000		<u>,</u>
The enclosed Amen	dment and fee are submitted for fi	ling.	
Please return all cor	respondence concerning this matt	er to the following:	
Brio	Name of Contact Person		
	Firm/Company	···	
24200	CR - 561 Address		
Astatul	City/State and Zip Code		
B-mail addres	@ sqtmltd.com	port notification)	
For further informa	tion concerning this matter, pleas	e call:	
<u>Bricin</u>	of Contact Person	at (<u>407</u>) <u>886</u> - Area Code & Daytime T	· 8133 Felephone Number
Enclosed is a check	for the following amount:		
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION 1 1-3 MUST BE COMPLETED)

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	(1-3 MUST BE COMPL	ETED)	
(D)	P23197 cument number of corporati	on (if known)	
·			
. Mukh Manufaction (Name of corporation	ng Inc.	de of the Dangermant of State	<u> </u>
-			
(Incorporated under laws of)	3	(Date authorized to do bu	siness in Florida)
Tinediporated under laws of		(Isale uniformed to an ass	,
(4-7 COMP)	SECTION II LETE ONLY THE APPL	ICABLE CHANGES)	
If the amendment changes the name of the corpor			s jurisdiction of
incorporation?			
(Name of corporation after the amendment, additional contained in new name of the corporation)	ng suffix "corporation," "co	mpany," or "incorporated," o	r appropriate abbreviation, i
(If new name is unavailable in Florida, enter alter	nate corporate name adopte	d for the purpose of transacti	ng business in Florida)
 If the amendment changes the period of dura 	ation, indicate new period o	f duration.	
	(New duration)		
7. If the amendment changes the jurisdiction o	f incorporation, indicate ne	w jurisdiction.	
	(New jurisdiction	1)	
. If amending the registered agent and/or registered agent and/or the new registered. Name of New Registered Agent	tered office address in Flo ed office address:	rida, enter the name of the	-
	(Florida street addre	ss)	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
			•
New Registered Agent's Signature, if changi Thereby accept the appointment as registered a	ng Kegistered Agent: gent Lam familiar with ai	ed accept the obligations of ti	he position.
· · · · · · · · · · · · · · · · · · ·	-	-	
Signature of New Registered .	Agent it changing	- 	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Type of Action <u>Address</u> Title/ Capacity Name Tami Raynor □Add Remove □Add □kemove \square Add Remove □Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director) president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35.00

(Typed or printed name of person signing)

(Title of person signing)