P9500002686

(Requestor's Name)
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(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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09 AUG -5 AM II: 44

ECRETARY OF STATE

LLAHASSEF F. STATE

8/5/09

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of C	orporations		
NAME OF CORE	PORATION: Artisti	e Flowers on Can	opy Road, Inc.
DOCUMENT NU	MBER: <u>P950</u>	00002686	· · · · · ·
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
	N	ame of Contact Person	
		Firm/ Company	
		Address	
	C	ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
Shanne	of Contact Person	_	6367 ephone Number
Enclosed is a check	for the following amount in	nade payable to the Florida Depar	tment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of FILED.
Artistic Flowers or Canopy Road Corporated
(Name of Corporation as currently filed with the Florida Dept. of State)
P95000002686 SECRETARY OF STATE (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation mame must contain the word "chartered," "professional association," or the abbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Burns ville, Mn 55306
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Same
2. 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: Shannon Roster:
1882 Capital Cir. NE #102
New Registered Office Address: (Florida street address)
Tallahassee , Florida 32308 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
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
Signature of New Registerea Agent, if Changing

If a meiding 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:

(Attachadditional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
$\frac{\rho}{\rho}$	Mindy Salvo	5607 Longknite Tallahasson, Fl	Add Remove
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<u>¥</u>	Henry Blocker	5607 Longknik C Tallahasser Fl 3231	Add Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be speci		
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provis	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		
	-		

If a mending 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)

	- Traine	1 -	Address	Type of Act
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- reas	1. Witton	AThompson	Address Som ISIB Summi Burnsville, C Burnsville,	tShores PAdd
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E. If amend	ding or adding a	dditional Articles,	enter change(s) here:	•
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The date of each amendment(s) adoption:	8-4-09
	(date of adoption is required)
Effective date if applicable: (no more the	an 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.
	by the shareholders through voting groups. The following stat emerating group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval
by	.,
by(voting group	p)
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated 8.4.	2009
(By a director, pr selected, by an in	resident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
·	Sandra Ann Thompson (Typed or printed name of person signing)
. (Tit	President le of person signing)