JUN 17 2013

R. WHITE

(Rec	uestor's Name)	 .
(Noc	racetor o marrior	
(Add	Iress)	
•	ŕ	
(Add	Iress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
		!
-		

Office Use Only



800248685668

06/14/13--01025--024 **43.75

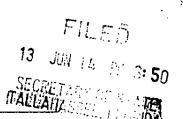
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAKE KER	SEY FARMS, IN	1C.
DOCUMENT NUMBER: P9500005349	5	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Brian E. Langford	, Esq.	
	Name of Contact Person	1
Langford & Myers	s, P.A.	
	Firm/ Company	
1715 West Clevel	land Street	
	Address	
Tampa, FL 33606		
· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	e
adrich@daa5 aam		
sdrish@dgc5.com	ed for future annual report	
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
Brian E. Langford, Esq.	_{at (} 813	251-5533
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 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 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



LAKE KERSEY FARMS, INC.

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

P95000053495

dment(s) to

(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida	Profit Corporation adopts th	e following amendme
A. If amending name, enter the new name of th	e corporation:		
name must be distinguishable and contain the	word "corporation" "cor	nnamy" or "incorporated"	The new
"Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or registered agent and/or the new register		lorida, enter the name of th	1 <u>e</u>
Name of New Registered Agent	<u>-</u>		
**************************************	(Florida street addres	ss)	
New Registered Office Address:	(City)	, Florida	p Code)
	(C <i>ny)</i>	{24	b Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and	accept the obligations of the	position,
Cimumatura a	of New Parietavad Agant 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.

X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y <u>Smith</u>	
Type of Action (Check One)	' <u>Title</u>	Name	Address
1) Change	DPST	EILEEN MCCABE	
Add			
Remove			
2) X Change	CEOD	WILLIAM R. WATSON	11
Add			***************************************
Remove	PSD	SKIP DRISH	5326 VAN DYKE ROAD
X Add			LUTZ, FL 33558
Remove			
4) Change	VD	EILEEN WATSON	19815 HWY 52
X			LAND O LAKES, FL 34639
Remove		•	
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional sheets, if	necessary).	(Be specific)				
						
				<u> </u>		
						
			<u></u>			
				·- <u>-</u>		
	· · · · · · · · · · · · · · · · · · ·					
					<u> </u>	
		<u></u>				
lf an amendment provide provisions for implement (if not applicable, ind	ting the amer	ange, reclassif ndment if not o	ication, or can contained in th	cellation of Issue amendment i	ned shares, tself:	
						·•
	, , , , , , , , , , , , , , , , , , ,					
					······································	

The date of each amendment(s) ac	doption: 3/15/13
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	**
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated3	15/13
Signature	nector, president or other officer – if threctors or officers have not been
	thrector, president or other officer – if directors or officers have not been bed, by an incorporator – if in the hands of a receiver, trustee, or other court
	tted fiduciary by that fiduciary)
	SKIP DRISH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)