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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CALEDONIA NU	JRSERY, INC.	
DOCUMENT NUMB	ER: P95000073387		
	of Amendment and fee are si	ibmitted for filing,	
Please return all corres	pondence concerning this ma	atter to the following:	
	Geoffrey Phillips		
-		Name of Contact Perso	n
•	Caledonia Nursery, Inc.		
-	<u> </u>	Firm/ Company	
;	2201 D Road	Time Company	
-		Address	
	Loxahatchee, FL 33470		
-		City/ State and Zip Cod	c
britbo	y1954@gmail.com		
		sed for future annual report	notification)
	,	•	
For further information	concerning this matter, pleas	se call:	
Hilda Porro		561 at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CALEDONIA NURSERY, INC.

	of Corporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)		
P95000073387					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the	followin	g amendi	ment(s) to
A. If amending name, enter the new na	ame of the corporation:				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "C	o". A professional corporation nar			on
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>					•
C. Enter new mailing address, if apple (Mailing address MAY BE A POST			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	2019:17:42	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the		6: 3	
Name of New Registered Agent	Geoffrey Phillips		• •		
same of New Registered Agent	2201 D Road			•	
	(Florida stree	et address)			
New Registered Office Address:	Loxahatchee	, Florida	33470		
	(0	Сиуу	(Zip C	Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the p	osition.		

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: XChange	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ce Jones</u>	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D, P	Michael G. Piesley	2201 D Road
Add x Remove			Loxahatchee, FL 33470
2) Change	T	Karen Piesley	2201 D Road
Add			Loxahatchee, FL 33470
x Remove	D. P. S	Geoffrey Phillips	2201 DRond PC Box 248
3) Change Add			Loxahatchee, FL 33470
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	rticles, enter change(s) here: . (Be specific)
	-
<u>l an amendment provides for an excl</u> provisions for implementing the am	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

April 26, 2019 The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
tno more than 90 days after amendment file data	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement focument's effective date on the Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the am by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followinust be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	eholder
Dated	
Signature(By a director, president or other officer – if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
	
President	
(Title of person signing)	