P96000053684

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(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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DIVISION OF CORFORATIONS

C.Lewis 14

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Rose of Sharon Nursery, Inc. DOCUMENT NUMBER: P96000053684 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Doris D. Meneses, Administrative Asst. Name of Contact Person John P. Maas, Attorney at Law Firm/ Company 44 NE 16th Street Address Homestead, Florida 33030 City/ State and Zip Code greg@rossales.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Doris D. Meneses Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 OCT -6 AM 7: 16

Rose of Sharon Nursery	/, Inc.	[4 UC1 "B N	111 1- 10
(Name of Corporation a	s currently filed with the Flor	ida Dept. of State)	-
P96000053684			
(Docume	ent Number of Corporation (if kr	own)	_
Pursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "Co	"company," or "incorporated" or the a ". A professional corporation name must ."	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			_
	-		_
	-		_
C. Enter new mailing address, if appl			
(Mailing address MAY BE A POST	OFFICE BOX		-
	-		_
	-		_
). If amending the registered agent ar	nd/or registered office address	in Florida, enter the name of the	
new registered agent and/or the ne	w registered office address:		
Name of New Registered Agent	Gregory J. Mislow	, 111	
	18470 SW 206th	Street	
	(Florida street d	oddress)	
New Registered Office Address:	Miami	, Florida 33187	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
		and accept the obligations of the position.	
	My Sutton Co	D	
Si	anature of New Registered Ages	ut. 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.

Example: X Change	PT John I	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P/D/S	Gregory J. Mislow, Jr.	18470 SW 206th Street
Add			Miami, Florida 33187
Remove			
2) Change	P/VP/	Gregory J. Mislow, III	18805 SW 208 Street
Add			Miami, Florida
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	OVVISION OF CORFORMATIONS	
The date of each amendment(s) adoption: date this document was signed.	14 OCT -6 AM 7: 16	, if other than the
Effective date if applicable:		
(no more th	an 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) was	i/were sufficient for approval	
by(voting group)		
The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	
Dated		
Signature My Math		
- (By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)	_
Gregory J. Mislow,	W	
(Typed	or printed name of person signing)	_
President		
	(Title of person signing)	