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ECACIANY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MCCOU FARMS, INC.							
DOCUMENT NUMBER: <u>P9800035662</u>							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
JENNIFER L. MUNDEN Name of Contact Person							
NORM D. FUGATE, P.A.							
POST DEFICE BOX 98							
WILLISTON, FLORIDA 32696							
City/ State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
JENNIFER L. MUNDEN at (352) 528 - 2019 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee \$\times \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \seteq \seteq \seteq \text{\$\subseteq \text{\$\subseteq \seteq \seteq \seteq \seteq \seteq \text{\$\subseteq \seteq \							
Mailing Address Amendment Section Amendment Section							

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of	
MCCOY FARMS, INC	<u>)</u>
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
<u> </u>	L
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	NCThe new
name must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	lasi ne 140 th Avenue
(Principal office address MUST BE A STREET ADDRESS)	WILLISTON, FL. 32696
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(1	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	MARI
Name of New Registered Agent UDSEPH K	THA
1251 NE 14 (Florida stree	
1.1	22101
New Registered Office Address: WILLSTON (City)	, Florida_ <u>3</u>
Nam Daniet and Agant's Signature if shoulding Designand Agant.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
_ to na	70 -
Signature of New Registered As	gent, 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.

Mike Jones, V as Remove Example :	, and Sali	ly Smith, S	SV as an Add.		
X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_		-	
Add Remove				-	
[]					
2) Change		na.		-	
Remove					
3) Change				-	
Add					
4) Change		_			
Add				-	
Remove					
5) Change	NT	_		-	
Add Remove				-	
-				-	
6) Change				_	
Remove				-	

If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
\F.\		
If an amendment provides for an ex	hange, reclassification, or cancellation of issued sh	ares,
provisions for implementing the an (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(у погаррпсиоте, такие тял)		
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FILED

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GEORGIAN OF STATE

TALLA KASSET FOR ORIGA

The date of each amendment(s) ad date this document was signed.	doption: JANUALY 1, 2012	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated		
	6. Mcc	
selected	frector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Joseph K. MCCoy (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	