Division of Corporations

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000179558 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATION

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694~1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address	·	_
-------	---------	---	---

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTHERN GARDENS CITRUS HOLDING CORPORATION

AUG 14 2013

R. WHITE

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

FILED

Articles of Amendment to Articles of Incorporation of # AUG 14 PH 3: 29

SEGRETARY OF STATES TRADESTANDA

SOUTHERN GARDENS CITRUS HOLDING CORPORATION

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
S03694	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coward "chartered," "professional association," or the abbreviation "F	'o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	Participation of the Control of the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address; 	ess in Florida, enter the name of the
Name of New Registered Agent	
	•
(Florida stre	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent, I am familiar wi	ith and accept the obligations of the position.
Signature of New Registered 4.	Sout if the major

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	<u>PT</u> <u>John</u>	<u>Doe</u>	•
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ST	GERARD A BERNARD	111 PONCE DE LEON AVENUE
Add	 -	, 	CLEWISTON, FL 33440
X Remove			
2) Change	<u>ST</u>	MALCOLM S. WADE, Jr.	111 PONCE DE LEON AVENUE
X Add			CLEWISTON, FL 33440
Remove			
3)Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		-	
Add			
Remove			

mending or adding ach additional sheets	s, if necessary).	(Be specific)				
			.			
			-			
				_		
· · · - · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	h					

<u> </u>			- p		•	
			•			
			··			
						
					· · ·	
n amendment prov	rides for an excl	hange, reclass	ification or co	ncellation of is	rened tharea	
ovisions for implen	nenting the ame	ndment if not	contained in	he amendmen	t itself:	
(if not applicable,	indicate N/A)				<u>.</u>	
					<u> </u>	
						. "
		·	· · · · · · · · · · · · · · · · · · ·			
						
						-
		. ,,				

The date of each amendment(s) adoption: 08/13/2013	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	y)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without the incorporators with the incorporators with the incorporator with the	
action was not required.	
08/1(3/2013 //)	
Dated	
(By director, president or other officer - if directors or officers have not been	
solected, by an indeporation if in the hands of a received, trustee, or other cou	rt
appointed fiduciary by that fiduciary)	
Kristine Roy	
(Typed or printed name of person signing)	
Attorney-in-Fact for President	

the

(Title of person signing)