

**VOIP**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

2020 APR 27 AM 10:20

**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.**

(((H20000122279 3)))



H200001222793ABCZ

**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 : THERREL BAISDEN, LLP  
 Account Number : I20140000065  
 Phone : (305)371-5758  
 Fax Number : (305)371-3178

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

Email Address: joanna@precision-roofing.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 BRIGHT SKY NURSERY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

2020 APR 27 AM 8:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu    Corporate Filing Menu    Help

APR 28 2020

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BRIGHT SKY NURSERY, INC.

DOCUMENT NUMBER: V01952

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK M. HASNER  
Name of Contact Person

THERREL BAISDEN, LLP  
Firm/ Company

1 S.E. 3RD AVENUE, SUITE 2950  
Address

MIAMI, FLORIDA 33131  
City/ State and Zip Code

MHASNER@THERRELBAISDEN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK M. HASNER at ( 305 ) 371-5758  
Name of Contact Person Area Code & Daytime Telephone

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

BRIGHT SKY NURSERY, INC.

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

V01952

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2020 APR 27 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
*(Florida street 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 with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)

Title

Name

Address

1)  Change

VP

RAUL MENDOZA

4421 SW 102 AVENUE

Add

MIAMI, FL 33165

Remove

2)  Change

VP

MENDOZA MARIA

228 SKELLY DRIVE, APT. A

Add

ROCKLEDGE, FL 32955

Remove

3)  Change

Add

Remove

4)  Change

Add

Remove

5)  Change

Add

Remove

6)  Change

Add

Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 APR 27 AM 8:20



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)

Dated April 27, 2020

Signature \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JULIO MARTINEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 APR 27 AM 8:10