167859

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SECRETARY OF STATE
SECRETARY OF STATE
ALL CHASSEE, FLORIDA

AUB 1417 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AGRICULTURAL	. SERVICES INTERNATI	ONAL, INC.	
DOCUMENT NUMB				
	of Amendment and fee are so	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Chase Anderson			
		Name of Contact Person	n	
	Agricultural Services International, Inc.			
	16050 Orange Ave	Firm Company		
		Address		
	11 . 11 . 12 . 24 . 24 . 47	Audiess		
	Fort Pierce, FL 34945			
		City/ State and Zip Cod	e	
chase	e@agservicesintLcom			
- 	•	sed for future annual report	notification)	
En tiuthor informatio	n concerning this matter, pleas	os call:		
1 of faither mormans	ii contectuing in s maner, piea.	e cui.		
	of Contact Person	at (de & Daytime Telephone Number	
Name	or Collact Person	Alta Co	de & Daytine Pelephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□843.75 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)	
Ma	iling Address	Street	Address	
Am	endment Section	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327			i Building executive Center Circle	
Tallahassee, FL 32314		266) Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AGRICULTURAL SERVICES INTERNATIONAL, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)		
V67859			
(Document Number of C	orporation (it known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this Fi its Articles of Incorporation:	orida Profit Corporation adopts the fo	Howing amenda	ment(×) to
A. If amending name, enter the new name of the corporation:			
		The	
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 "P	o". A professional corporation name	the abbreviati must contain t	on he
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			-
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 1 9	-
		CRITICAL DE	<u> </u>
D. If amending the registered agent and/or registered office address:	s in Florida, enter the name of the	SECUTION SEA	
Name of New Registered Agent			
		_ ವರ್ಷ ಹಿ _ <u>ಸ</u>	
(Florida stree	t address)	•	
New Registered Office Address:	Florida, Florida	Was Call	-
/(Ĭ'n)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	ition.	
Signature of New Res	istered Agent, 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 = ChiefExecutive 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 Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>litle</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Thomas Heltsley	16050 Orange Ave
Add			Ft. Pierce, FL 34945
X Remove			
2) Change	8	Chase Anderson	16050 Orange Ave
X Add			Ft. Pierce, FL 34945
Remove			——————————————————————————————————————
3) Change			
Add			-7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -
Remove			
4) Change			HII: US
Add			<u> </u>
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). the specifics	
<u> </u>	
	117 2000 118
	HAR HASS
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	्रिक्ट ≩
(if not applicable, indicate N/A)	٦., E
	OF STATE
	<u> </u>

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	07/02/2019			
The date of each amendment(s) as date this document was signed.	loption:	, .i (other th	an the
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date w partment of State's records.	vill not be	: listed	as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.			
	roved by the shareholders through voting groups. The following statement 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			
bv	Woting groups			
	(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	$\frac{1}{2}$			
Signature	irector, presidentify wher officer - if directors or officers have not been			
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court (ed fiduciary) by that fiduciary)			
217	Onglas Macine (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	President	<u> </u>	1	
	(Fitle of person signing)			
		22	2	
		33557 HV 3 X N V 178	AUG -7 MIII: 43	FILED
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