227835

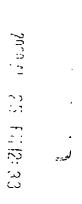
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OCT LO 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Ben Hill Griffin,	Inc.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
	Stewart W. Hurst		
•	Ben Hill Griffin, Inc.	Name of Contact Persor	1
-	·	Firm/ Company	
	P. O. Box 127		
-	Frostproof, FL 33843	Address	
-		City/ State and Zip Code	2
	storres@bhgriffin.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Stewart W. Hurst		at (_863	635-2251
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment Articles of Incorporation of

BEN HILL GRIFFIN, INC.



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

	227835
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpora	ration:
	The new
	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u></u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
Name of New Registered Agent	
dF	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
Thereby accept the appointment as registered agent. Tam for	familiar with and accept the obligations of the position
	
Signature o	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)

Example:

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.

<u>X</u> Change	<u>PT</u>	John Do	<u>ue</u>			
X Remove	\underline{V}	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title		<u>Name</u>	Address		
1) Change	CD	_	Ben Hill Griffin, III	425 N. Lake Reedy Blvd.		
Add				Frostproof, FL 33843		
Remove 2) X Change	CPD	_	Ben Hill Griffin, IV	i Bracres Lane		
Add				Frostproof, FL 33843		
Remove 3) Change		_				
Add						
Remove				 		
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

Attach <i>addi</i>	g or adding addit tional sheets, if ne	cessary). (Be	e specific)				
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fan aman	lment provides fo	se an aschana	s raducciGast	ing or cancelle	ution of icensul	ehano.	
provisions	for implementin	g the amendm	ent if not cont	ained in the an	nendment itsel	<u>siares.</u> <u>f:</u>	
(if not	applicable, indica	te N/A)					
	<u> </u>						<u> </u>
							
							

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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Effective date <u>if appareable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements bepartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of votes east for the ame ufficient for approval.	ndment(s)
•	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	<u>-</u>
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
August Dated	8. 2020	
Signature	StendurAnd	
select	lirector, president or other. Thicer – if directors or officers have need, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	Stewart W. Hurst	
	(Typed or printed name of person signing)	
	VT	
	(Title of person signing)	