

405 909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

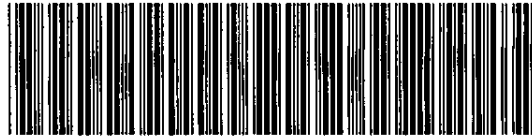
(Business Entity Name)

(Document Number)

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JAN 29 2014  
T. LEWIS  
*[Signature]*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Crofton & Sons, Inc.

DOCUMENT NUMBER: 405909

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

Please return all correspondence concerning this matter to the following:

Douglas Coogle Jr.

Name of Contact Person

Crofton & Sons, Inc.

Firm/ Company

10250 Woodberry Rd

Address

Tampa, FL 33619

City/ State and Zip Code

doug@unclejohnspride.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Coogle Jr

Name of Contact Person

at (813) 528-5119

Area Code & Daytime Telephone Number

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Crofton & Sons, Inc.

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

405909

(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)

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

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

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TALLAHASSEE, FLORIDA

**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                      PT        John Doe

X Remove                      V        Mike Jones

X Add                              SV        Sally Smith

| Type of Action<br>(Check One)                 | Title      | Name                       | Address                   |
|-----------------------------------------------|------------|----------------------------|---------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>CFO</u> | <u>Douglas W Coogle Jr</u> | <u>10250 Woodberry Rd</u> |
| <input type="checkbox"/> Add                  |            |                            | <u>Tampa, FL 33619</u>    |
| <input type="checkbox"/> Remove               |            |                            |                           |
| 2) <input type="checkbox"/> Change            |            |                            |                           |
| <input type="checkbox"/> Add                  |            |                            |                           |
| <input type="checkbox"/> Remove               |            |                            |                           |
| 3) <input type="checkbox"/> Change            |            |                            |                           |
| <input type="checkbox"/> Add                  |            |                            |                           |
| <input type="checkbox"/> Remove               |            |                            |                           |
| 4) <input type="checkbox"/> Change            |            |                            |                           |
| <input type="checkbox"/> Add                  |            |                            |                           |
| <input type="checkbox"/> Remove               |            |                            |                           |
| 5) <input type="checkbox"/> Change            |            |                            |                           |
| <input type="checkbox"/> Add                  |            |                            |                           |
| <input type="checkbox"/> Remove               |            |                            |                           |
| 6) <input type="checkbox"/> Change            |            |                            |                           |
| <input type="checkbox"/> Add                  |            |                            |                           |
| <input type="checkbox"/> Remove               |            |                            |                           |

(Attach additional sheets, if necessary). (Be specific)

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(if not applicable, indicate N/A)

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

Effective date if applicable: 01/21/2014  
(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(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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 01/21/2014

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)

Kevin D Crofton

(Typed or printed name of person signing)

President

(Title of person signing)