G53307

| (Requ | estor's Name | e) |
|---|---------------|--|
| (Addre | ess) | |
| (Addr | ess) | |
| (City/\$ | State/Zip/Pho | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busir | ness Entity N | ame) |
| (Docu | ment Numbe | er) |
| Certified Copies | Certificat | es of Status <u>र्गाजेन्सम्बद्ध</u> ाः |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2009

JOHN GRIFFING THE GRIFFING COMPANY 24 N RARRAGONA PENSACOLA, FL 32502

SUBJECT: THE GRIFFING COMPANY

Ref. Number: G53307

We have received your document for THE GRIFFING COMPANY and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 709A00033556



COVER LETTER

TO: Amendment Section

| Division of Corporations |
|---|
| NAME OF CORPORATION: The Greffing Company |
| DOCUMENT NUMBER: 6 53307 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person |
| MAI Halford Firm/ Company |
| Address St |
| Pensacola, FL 32502 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| The resa R, Lehie at (850) 430 1503 Name of Contact Person 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 & □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

to

IS.

| | Articles of Incorporation | TARPORALE |
|---|---|--|
| <u>_/</u> / | of A | 09 OCT 30 THE |
| The Gritten | a Company | 09 OCT 30 AM 8: 04 |
| (Name of Corporation as curre | ently filed with the Florida Dept. o | |
| G 533 | o 7 | |
| | nber of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this Florida Pr | rofit Corporation adopts the following |
| A. If amending name, enter the new name of | f the corporation: | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programme must contain the word | designation "Corp," "Inc," or "C fessional association," or the abbra licable: TADDRESS) | o". A professional corporation |
| D. If amending the registered agent and/or r new registered agent and/or the new regis | | , enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street address) | |
| | (0:4.) | , 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

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)

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--|--|-------------------|
| n GRM | Theresa Ritchi | 24 N Tamasona Pensacola FE 32502 | Add Remove |
| | | , | ☐ Add ☐ Remove |
| | | | _ |
| | ng or adding additional Articles, enter litional sheets, if necessary). (Be specif | | |
| | | | |
| | | | |
| | · | | |
| F. If an ame | endment provides for an exchange, rec | lassification, or cancellation of is | sued shares, |
| provision | as for implementing the amendment if applicable, indicate N/A) | not contained in the amendment | itself: |
| | | 7. ν. π | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: 10 - 20 - 09 |
|---|---|
| • | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| • • | re approved by the shareholders through voting groups. The following statement d 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 The | (voting group) |
| The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated/ d | 0.30.09 |
| sele | a director, president of other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | John Griffing |
| | (Typed or printed name of person signing) |
| • | Mes, de nt |
| • | (Title of person signing) |