L37673

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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15 JUL 27 PH 1: 30

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: THOMAS AND S | ON, INC. | |
|-------------------------|--|--|--|
| DOCUMENT NUM | T 27672 | | |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | SEEMA JAIN, CPA | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Contact Person | n |
| | AXIOM BUSINESS CONSU | JLTING, INC. | |
| | | Firm/ Company | |
| | 13234 TELECOM DR. | | |
| | #44F4.CC #84FC4F | Address | and the control of th |
| | TAMPA, FL 33637 | | |
| | | City/ State and Zip Cod | e |
| sicpa | @axiombusinessconsulting.co | om | |
| -3-1 | - | sed for future annual report | notification) |
| | n concerning this matter, pleas | | |
| SEEMA JAIN | | at (|) |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment 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) |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Ameno Divisio Clifton 2661 E | Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

FILED SERRETARY OF STATE DIVISION OF GORAGMATION...

15 JUL 27 PM 1:30

THOMAS AND SON, INC.

| (Name o | of Corporation as curren | tly filed with the Florida Dept. of State) | |
|--|---|--|--|
| | L37673 | | |
| - | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this | s Florida Profit Corporation adopts the following amendment(s) to | |
| A. If amending name, enter the new na | ame of the corporation: | | |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or | The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." | |
| | | 4542 GALL BLVD. | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | ZEPHYRHILLS, FL 33542 | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 4542 GALL BLVD. | |
| | | ZEPHYRHILLS, FL 33542 | |
| | | | |
| D. If amending the registered agent ar | | | |
| new registered agent and/or the ne | AXIOM BUSINESS CO | | |
| Name of New Registered Agent | 13234 TELECOM DR. | | |
| | | street address) | |
| New Registered Office Address: | TAMPA | Florida 33637 | |
| | | (City) (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | hanging Registered Ages tered agent. I am familian | nt; r with and accept the obligations of the position. | |
| | _ | | |
| | Signature of New | Registered Agent, if changing | |
| | 2.6 | | |

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 <math>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.

| X Change | <u>PT</u> <u>Jo</u> | ohn Doe | |
|-------------------------------|---------------------|-----------------|---------------------|
| X Remove | <u>v</u> <u>w</u> | fike Jones | |
| X Add | <u>sv</u> <u>s</u> | ally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | PST | WADE E THOMAS | 31053 LAKESIDE LANE |
| Add | | | DADE CITY, FL 33523 |
| Remove | | | |
| 2) Change | DVP | CLAUDE E THOMAS | 36827 PALM ST |
| Add | | | DADE CITY, FL 33525 |
| X Remove | | | |
| 3) Change | DST | WADE E THOMAS | 31053 LAKESIDE LANE |
| Add | | | DADE cITY, FL 33523 |
| X Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | - | |
| Add | | | |
| Remove | | | |

| dding additional Articles, enter chall sheets, if necessary). (Be specific) | |
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| t provides for an exchange, reclassif | cation, or cancellation of issued shares, |
| mplementing the amendment if not cable, indicate N/A) | sataineu in tue amenument itsen: |
| N/A | |
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| 12/31/2014 | FUEN |
|---|--|
| The date of each amendment(s) adoption: | Spont tany, disother than the |
| date this document was signed. | DIVISION OF BORPOSATIONS |
| 12/31/2014 | |
| Effective date if applicable: | 15 JUL 27 PM 1: 30 |
| (no more than 90 days after amendment fi | le date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. | rements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. | the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amendment(s) was/were approved by the shareholders through voting groups. The formula is a superior of the shareholders are superior of the shareholders through voting groups. | ollowing statement endment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. | n and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required. | i shareholder |
| Dated 7/23/15/ | |
| Signature | |
| (By a director, president or other officer – if directors or officer | s have not been |
| selected, by an incorporator – if in the hands of a receiver, trust | |
| appointed fiduciary by that fiduciary) | , |
| WADE Thams | |
| | *************************************** |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |