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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ARM, INC.					_
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are subm	mitted for filing.					
Please return all correspondence concerning this matte	er to the following:					
DARYL SCOTT KIRBY						
	(Name of Contact P	erson)				
KIRBY FAMILY FARM, INC			- .			
	(Firm/ Compan	у)				_
P.O. BOX 71					5 AUG	
	(Address)			19m 17 1	ယ	_ - -
WILLISTON, FLÓRIDA 32696				7	ZZ ZZ	,
	(City/ State and Zip	Code)		•	1.	- :-
DSKIRBY@EMBARQMAIL.COM ✓					ລ	
E-mail address: (to be used	for future annual re	port notification	1)			_
For further information concerning this matter, please	call:					
LENORA M. FLOYD	a	352	226-7506			
(Name of Contact Person		(Area Code)	(Daytime Telep	hone Num	ber)	Ratio.
Enclosed is a check for the following amount made pa	yable to the Florida	Department of S	State:			
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)			

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

15 NIC 31 PA

KIRBY FAMILY FARM, INC.			X.
(Name of Corporation:	as current	ly filed with the Florida Dept.	of State)
N13000002592			
(Docum	ent Numbe	r of Corporation (if known)	(4) (4) (4)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not For Profit Co</i>	rporation adopts the following
A. If amending name, enter the new name of the NOT APPLICABLE	corporatio	on:	
			The net
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		on" or "incorporated" or the al	breviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:		NOT APPLICABLE	
(Principal office address <u>MUST BE A STREET AL</u>	DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OV:	NOT APPLICABLE	
(Finding dearess MAT OF A FOST OFFICE B	<u>304</u>)		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or regist			name of the
new registered agent and/or the new registere			
Name of New Registered Agent:	Agent: NOT APPLICABLE		
	N/A		
New Registered Office Address:	(Florida street address)		
	NÖT APPI	ICARI E	N/A
-	, Flori		, Florida (Zip Code)
_		•	(Zip Colle)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered A . I am fam	Agent: iliar with and accept the obligat	ions of the position.

Page 1 of 4

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)

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe ce Iones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	WHITNEY SMITH	P.O. BOX 2298
X Add	_		CHIEFLAND, FLORIDA 32644
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
.4) Change	 		
Add			
Remove			, and the state of
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
NOT APPLICABLE						
			<u> </u>	·		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
						
			· · · · · · · · · · · · · · · · · · ·			

	e date of each amendment(s) adoption: this document was signed.	, if other than the
	AUGUST 01, 2015	
ŁH	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Add	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	AUGUST 01, 2015 Dated	
	Signature Som	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	DARYL SCOTT KIRBY	
	(Typed or printed name of person signing)	
	INCORPORATOR/PRESIDENT	15 /
	(Title of person signing)	AUG 31 PH 4: