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SECKETARY OF STATE

Amend + 4/c

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	SINGLETON AND SO	NS, INC.
DOCUMENT NU	MBER:	P000000732	42
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
	A	PRIL SINGLETON	
		Name of Contact Person	
	SINGLETON AND SONS, INC.		
	Firm/ Company		
	680 OLD SAN MATEO RD.		
	Address		
	SAN MATEO, FL. 32187		
•		City/ State and Zip Code	
	SINGLETONFA	ARMS@BELLSOUTH.NET	on)
For further informa	ition concerning this matter,	please call:	
AP	RIL SINGLETON	at (904)	669-6213
Name	of Contact Person	Area Code & Daytimo	e Telephone Number
Enclosed is a checl	c for the following amount r	made payable to the Florida De	epartment 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 cd) Certified Copy (Additional Copy is enclosed)
Mailing Ac		Street Address	
Amendmen		Amendment Section	
Division of Corporations		Division of Corporations	3
P.O. Box 6327		Clifton Building	~
Tallahassee	FL 32314	2661 Executive Center C	lircle

Tallahassee, FL 32301

	Articles of An	nendment	
•	to		£ ,
4	Articles of Inco	orporation	20.
, 0	of		COMO TO
Dime	ton And	Sons, Inc	2010 MAR 15 AM 11:00 TANTAHASSEE FE STATE
(Name of Corporation as curre	ently filed with	the Florida Dept. of Sta	te AHAORY AMILION
Pono	000 73	ou a	ASSEE ESTA
	nber of Corporati	{ † 	- CAIL
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statut	cs, this <i>Florida Profit</i> (Corporation adopts the following
A. If amending name, enter the new name o	f the corporatio	<u>n:</u>	
SINGLETON A	ND SONS FA	RMS, INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "C	orp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if app	licable:	5505 CRACKER S	WAMP RD.
(Principal office address <u>MUST BE A STREE</u>		HASTINGS, FLOR	
C. Enter new mailing address, if applicable		680 OLD SAN MAT	TEO RD
(Mailing address MAY BE A POST OFFICE BOX)		OOU OLD SAIT WAT	
		SAN MATEO, FL. 3	32187
D. If amending the registered agent and/or new registered agent and/or the new regi			er the name of the
Name of New Registered Agent:	STEPHEN J.	SINGLETON	_
	680 OLD SA	N MATEO RD.	
New Registered Office Address:	New Registered Office Address: (Florida street address)		
	SAN MATEO),	_, Florida_32187
	(City)	(Zi	p Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ng Registered A	gent:	obligations of the position.
I hereby accept the appointment as registered t	лдоні. 1 ин јані	4	oughton of me hopmon

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>Titl</u>	<u>.</u>	<u>Name</u>	<u>Address</u>	Type of Action
	D	JAMES C. SINGLETON	411 PUTNAM COUNTY BLVD. EAST PALATKA, FL. 32131	☐ Add ☐ Remove
<u>D</u>		MARY S. SINGLETON	411 PUTNAM COUNTY BLVD. FAST PALATKA, FL. 32131	☐ Add ☐ Remove
D		STEPHEN J. SINGLETON	680 OLD SAN MATEO RD. SAN MATEO, FL. 32187	☐ Add ☐ Remove
	A	dditional Shoets attach	ed	wrect
		g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		
	provisions	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		
	······································			

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)

Title.	<u>Name</u>	Address_	Type of Action
<u>s</u>	APRIL L SINGLETON	680 OLD SAN MATEO RD. SAN MATEO, FL. 32187	
	ding or adding additional Articles, enadditional sheets, if necessary). (Be sp		
	<u> </u>		
provis	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)	, reclassification, or cancellation of it if not contained in the amendmen	issued shares, nt itself:

The date of each amendment(s) adoption: 03//0//0
•	(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/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	>>
V	poting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_03/10/	10
Signature	tolighton
selecte	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	STEPHEN J. SINGLETON
•	(Typed or printed name of person signing)
	DIRECTOR
•	(Title of person signing)