P04000115330

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SECRETARY OF STATE

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C. LEWIS

OCT 1 & 2013

EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: R C JOHNSTON & SON, Inc. P04000115330 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ronald C.Johnston Name of Contact Person R C Johnston & Son, Inc. Firm/ Company South Daytona, FL 32119 City/ State and Zip Code rltiffany45scout@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronald C. Johnston 36 233-5580 Area Code & Daytime Telephone Number Name of Contact Person 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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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AND
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13 OCT -8 AM 9: 24

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Articles of Amendment to Articles of Incorporation of

R C Johnston & Son, Inc.

		· · · · · · · · · · · · · · · · · · ·			- CORIUA
(Name of Corporation as current P04000115330	ly filed with the Flo	rida Dept. of St	ate)		
- <u></u>	er of Corporation (if	known)			-
Pursuant to the provisions of section 607,1006, Flo	• `	,	rporation add	opts the followin	g amendment(s)
its Articles of Incorporation:					
A. If amending name, enter the new name of the	e corporation:				
					_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc." or "C	o". A professio			
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			·		-
Trincipal Office dualess MOST DE ASTREET	ADDICEOU)				_
					_
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)		 	<u> </u>	-
					-
			· · ·	·	_
D. If amending the registered agent and/or reg	istered office addre	ss in Florida, en	ter the name	e of the	
new registered agent and/or the new registe	red office address:				
Name of New Registered Agent		 			

	(Florida stree	,			
New Registered Office Address:	(City)		, Florida	(Zin Code)	-
	(3.0)			()	
New Registered Agent's Signature, if changing hereby accept the appointment as registered age.		th and accent the	ahliaations	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)

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RYAN M. JOHNSTON	897 Quail Run
Add			Ormond Beach, FL
X Remove			32174
2)Change			
Add			
Remove			
3) Change			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6)Change			
Add			
Remove			

Time i manicina briefly, y necessary,	cles, enter change(s (Be specific)			
				, , , , , , , , , , , , , , , , , , ,
			· <u> </u>	
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				 _
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C		IN OF CANCELLATION (ot issued shares,	
f an amendment provides for an exch	ange, reclassification	ined in the emends	ant itealf:	
provisions for implementing the ame	ange, reclassification and ment if not conta	ined in the amenda	nent itself:	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification adment if not conta	ined in the amenda	nent itself:	
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provisions for implementing the ame	ange, reclassification	ined in the amenda	nent itself:	

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The date of each amendment(s) adoption: date this document was signed.	13 OCT -8 AN 9: 24
Effective date if applicable: (no more than 90 days after amendment file date)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	cholder
☐ The amendment(s) was/vere adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated_10/01/2013	
Signature Royal C. Orthostor	
(By a director, president of other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Ronald C. Johnston	
(Typed or printed name of person signing)	
President - CEO	
(Title of person signing)	