## F13000040487

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL .    |
| (Ви                     | ısiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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MAY 1 3 ZO13 T. ROBERTS

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| NAME OF CORPORATION: Randall And Sons Inc.  |  |  |
| DOCUMENT NUMBER: <u>\$13000040487</u>   |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |
| Randall Ames Name of Contact Person   |  |  |
| Randall and Sons Inc. Firm/ Company   |  |  |
| 1562 Oak Leaf Lane  Address  Kissimmee, FL 34744  City/ State and Zip Code  |  |  |
| Kissimmee, FL 34744   |  |  |
| City/ State and Zip Code  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| Randall Ames at 317 281 7106  Name of Contact Person Area Code & Daytime Telephone Number   |  |  |
| 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 Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address Street Address  |  |  |
| Amendment Section Amendment Section Division of Corporations Division of Corporations   |  |  |
| P.O. Box 6327 Clifton Building  |  |  |
| Tallahassee FI 32314 2661 Executive Center Circle   |  |  |

Tallahassee, FL 32301

## **Articles of Amendment** to

| ,  | to<br>Articles of Incorpora           | ntion F  | ILED   |
|--|---------------------------------------|--|--|
| _  | of                                    | 13 44  |  |
|  | d Sons, Inc.                          | 101197   | 9 AMII: 27   |
| (Name of Corporation as curre  | ntly filed with the Florida           | Dept. of State CRE                               | A CA   |
| P1300004   |                                       | Se Prince  | DE STATE   |
| (Document Num  | ber of Corporation (if know           | n)   | THE A  |
| Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:  | Florida Statutes, this <i>Florida</i> | a Profit Corporation add                         | pts the following amendment(s) to                      |
| A. If amending name, enter the new name of   | the corporation:                      |  |  |
|  | N/A                                   |  | The new  |
| name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Corp," "Inc," or "Co"                | ompany," or "incorpor<br>A professional corporat | ated" or the abbreviation<br>ion name must contain the |
| B. Enter new principal office address, if apple (Principal office address MUST BE A STREET   |                                       | N/A  |  |
| (Frincipal office address MOST DE A STREET   | ( <i>ADDRESS</i> )                    |  |  |
|  |                                       |  | •  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  | CE BOX)                               | N/A  |  |
| D. If amending the registered agent and/or renew registered agent and/or the new regis   |                                       | Florida, enter the name                          | e of the   |
| Name of New Registered Agent   | N/A                                   |  |  |
|  |                                       |  |  |
| ***************************************  | (Florida street addı                  | ress)  |  |
| New Registered Office Address:   | N/A                                   | , Florida  |  |
|  | (City)                                | <del>-</del>                                     | (Zip Code)   |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agents.                                    | gent. I am familiar with an           |  | of the position.                                       |
| Signature  | N/H<br>e of New Registered Agent, i   | 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:<br>X Change       | PT Jo               | ohn Doe         |                     |
|----------------------------|---------------------|-----------------|---------------------|
| X Remove                   | Y M                 | like Jones      |                     |
| X Add                      | <u>SV</u> <u>Sa</u> | ally Smith      |                     |
| Type of Action (Check One) | <u>Title</u>        | Name            | <u>Addres</u> s     |
| 1) Change                  | <u> </u>            | Randall W. Ames | 1562 Oakleaf Lane   |
| _XAdd                      |                     |                 | Kissimmee, FL 34744 |
| Remove                     |                     |                 |                     |
| 2) Change                  | VS_                 | Kathy S. Ames   | 1562 Oakleaf Lane   |
| _X_ Add                    |                     |                 | Kissimmee, FL 34744 |
| Remove                     |                     |                 |                     |
| 3)Change                   | <del></del>         | N/A             |                     |
| Add                        |                     |                 |                     |
| Remove                     |                     |                 |                     |
| 4) Change                  | <del></del>         | N/A             |                     |
| Add                        |                     |                 |                     |
| Remove                     |                     |                 |                     |
| 5) Change                  |                     | N/A             |                     |
| Add                        |                     |                 |                     |
| Remove                     |                     |                 |                     |
| 6) Change                  |                     | N/A             |                     |
| Add                        | <del></del>         |                 |                     |
| Remove                     |                     |                 |                     |
|                            |                     |                 |                     |

| attach additional sheets, if necessary). | (Be specific)  |
|--|--|
|  | N/A  |
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| an amendment provides for an exch        | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)        | ngment it not contamed in the amendment useri:   |
| (3)                                      | -11A   |
|  | N/A  |
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| The date of each amendment(s) ad   | option: May 07, 2013   |  |  |  |
|--|--|--|--|--|
| Effective date if applicable:  | N/A  |  |  |  |
| Effective date if applicable: ///A  (no more than 90 days after amendment file date) |  |  |  |  |
| Adoption of Amendment(s)   | (CHECK ONE)  |  |  |  |
| The amendment(s) was/were ado<br>by the shareholders was/were suf                    | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.   |  |  |  |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):                |  |  |  |
| "The number of votes cast i  | for the amendment(s) was/were sufficient for approval  |  |  |  |
| by   | N/A " (voting group)   |  |  |  |
|  | (voting group)   |  |  |  |
| The amendment(s) was/were adoraction was not required.                               | pted by the incorporators without shareholder action and shareholder   |  |  |  |
| Dated M  | 1 07, 2013   |  |  |  |
| (By a di   | rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court |  |  |  |
|  | ed fiduciary by that fiduciary)  |  |  |  |
|  | (Typed or printed name of person signing)  |  |  |  |
|  | (Typed or printed name of person signing)  |  |  |  |
|  | fresident  |  |  |  |
|  | (Title of person signing)  |  |  |  |