

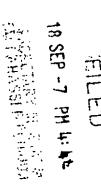
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



600318245886

03/12/18--01001--003 ••43.7S

S TALLEN'T SEP 1 3 2018



Anony



August 29, 2018

JEROME R. MAURER, JR. MCGRAW AND MAURER ACCOUNTING, INC. 1216 NW 13TH STREET GAINESVILLE, FL 32601

SUBJECT: TCR & SONS, INC. Ref. Number: P15000008230

We have received your document for TCR & SONS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 318A00017970

Susan Tallent Regulatory Specialist II

> RECEIVA 18 SEP - 1 MIDOZO FALLANIAS A TO

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TCR & SONS, INC.					
DOCUMENT NUMBER: P15000008230					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this matt	ter to the following:			
	JEROME R. MAURER, JR.				
		Name of Contact Persor	1		
	MCGRAW AND MAURER ACCOUNTING, INC.				
	Firm/ Company				
	1216 NW 13TH STREET				
	Address				
	GAINESVILLE, FLORIDA 32601				
		City/ State and Zip Code	:		
MAU	RER1216@YAHOO.COM		1/		
	E-mail address: (to be use	ed for future annual report	notification)		
For further informatio	n concerning this matter, please				
JEROME R. MAURER, JR.		at () <u>374-6789</u>		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	ortment 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)		
Amo Div A .O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation of

TOD	0	CO	NIC.	INC.
-1UK	ο.	\circ	NO.	IINU.

Ten a sons, inc.	
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P15000008230	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s):
A. If amending name, enter the new name of the corporation:	W/A The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "(word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 SEP - 7 PH
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida str	City) , Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New R	egistered 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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ılly Şmith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	ELIZABETH DEONATIVIA	2603 NW 74TH PLACE
Add		· · · · · · · · · · · · · · · · · · ·	GAINESVILLE, FL 32653
X Remove			
2) Change	P	TYSON C. RIGGINS	2603 NW 74TH PLACE
X Add			GAINESVILLE, FL 32653
Remove			
3) Change	s 	TYSON C. RIGGINS	2603 NW 74TH PLACE
X Add			GAINESVILLE, FL 32653
Remove			
4) Change	VP	TYSON C. RIGGINS	2603 NW 74TH PLACE
Add		3 5	GAINESVILLE, FL 32653
X Remove			
5) Change	D	TYSON C. RIGGINS	2603 NW 74TH PLACE
X Add			GAINESVILLE, FL 32653
Remove			
6) Change			
Add			
Remove			

ttach <i>additional she</i> d	ts, if necessary). (Be specific)	
	<u> </u>	
		·
	n / / M	
	<u> </u>	
rovisions for imple	vides for an exchange, reclassification, or cancomenting the amendment if not contained in the	ellation of issued shares, amendment itself:
(if not applicable	e, indicate N/A)	
····		
	<u> </u>	
	. / \	
		· · · · · · · · · · · · · · · · · · ·

	AUGUST 23, 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	GUST 23, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requiepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The far each voting group entitled to vote separately on the amount	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and	d shareholder
AUGUST	23, 2018	
Dated		
	- / //	
Signature	/cp// gr	
	lirector, president or other officer – if directors or officer ed, by an incorporator – if in the hands of a receiver, trust	
	nted fiduciary by that fiduciary)	ice, or other court
	TYSON C. RIGGINS	·
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
	(Title of person signing)	

A Section of the Control of the Cont