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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>A.C. Gri</u>	ffin + Son,	Inc.
	ER: <u>P1600005</u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Name of Contact Person Name of Contact Person Pri Company	''
	563	Firm/Company 40 Griffin F Address	Farm Rd.
-	Cal	lahan, FL 3 City/ State and Zip Cod	32011
	acgriffina. E-mail address: (to be us	nd son @ gma; ged for future annual report	, Com notification)
For further information	concerning this matter, pleas	se call:	
Francis /	4. Griffin	at (904	838-2698 de & Daytime Telephone Number
	the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
·	ing Address		Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A.C. Griffin	+ Son Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
£1600005	57781
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". 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 <u>MAY BE A POST OFFICE BOX</u>)	
	-0
	<i>ب</i>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Francis M. C.	Briffin
(Florida street	address)
New Registered Office Address:	Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Transis M. L.	,
	istered 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	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
l) Change	<u> </u>	Francis M. Griffin Sr.	
Add			Callahan FL 32011
X Remove			
2) Change	<u> </u>	Francis M. Griffin	56340 Griffin Faire Rd Callahan, Fl 32011
Remove			Commun, Fr Coon
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

Attach additiona	i <mark>dding additional</mark> I sheets, if necessa	ry). (Be specific)				
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e			*47	11 . 45		
nrovisions for	mplementing the	exchange, reclassif amendment if not o	cation, or cance contained in the	amendment itsel	<u>snares,</u> f:	
(if not appl	icable, indicate N/	1)				
na						
						
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				_		···-
				<u> </u>		···········

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated7-8-19	
Signature Traces M. House (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Francis M. Griffin (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	