

PO6000074736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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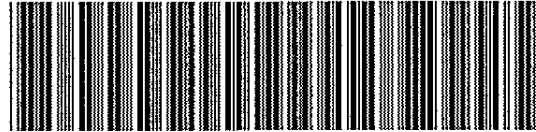
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
sf

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STORM SHIELD ROOFING SYSTEMS, INC.

DOCUMENT NUMBER: P06000074736

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN PURLAND
(Name of Contact Person)

STORM SHIELD ROOFING SYSTEMS, INC.
(Firm/ Company)

~~7050X~~ 2234 N. Federal Hwy. Su 349
(Address)

BOCA RATON, FL 33431
(City/ State and Zip Code)

For further information concerning this matter, please call:

JOHN PURLAND at (561) 998-5788
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

x 2 =

☐ \$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)

2 charges
① Change of Registered agent

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

②
Additional
Director

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

STORMSHIELD ROOFING SYSTEMS, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P06000074736

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

NA

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co."
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE VII: INITIAL OFFICERS/DIRECTORS

New Director: JOHN PURLAND

733 St. Albans Drive

Boca Raton, FL 33486

ARTICLE IV: INITIAL REGISTERED AGENT

New RA: JOHN Purland (See Attachment)

2234 N. Federal Hwy, Su 349

(Attach additional pages if necessary) Boca Raton, FL 33431

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

NA

(continued)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Storm Shield Roofing Systems, Inc.
2. The principal office address: 2234 N. Federal Hwy.
Suite 349 Boca Raton, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 31, 2006 Document number: PO6000074736
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FLORIDA OFFSHORE BUSINESS FORMATION, INC.
20 S. BROAD ST.
BROOKSVILLE, FL 34601

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN PURLAND
2234 N. FEDERAL HWY. SU 349
(P.O. Box NOT acceptable)
BOCA RATON, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lori Wolyn
(Signature of an officer or director)

LORI WOLYN, DIRECTOR
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

John
(Signature of Registered Agent)

7/3/06
(Date)

If signing on behalf of an entity:

Storm Shield Roofing Systems, Inc.
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

The date of each amendment(s) adoption: Sep 4, 2006

Effective date if applicable: Sep 4, 2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved 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)

☐ 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.

Signature _____

(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)

Lori Wolin

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35