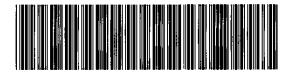
P0900039256

(Re	equestor's Name)	_
. (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100155814721

05/13/09--01015--017 **35.00

PILED

09 MAY 27 PH 2: 12

SECOND MAY 27 PH 2: 12

ALLAHASSEE ELOBIA.

melin

COVER LETTER

TQ: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	Alltype Roofing, Inc.	
DOCUMENT N	J MBER:	P09000039256	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	The state of the s	Maurice Kennedy	
	N	name of Contact Person	
	A	Iltype Roofing, Inc.	
		Firm/ Company	
	15760	D Meadow Wood Drive	
		Address	
	W	ellington, FL 33414	
	C	ity/ State and Zip Code	
a-a-a-a	dave@i E-mail address: (to be use	nbalance-inc.com d for future annual report notification)	
For further information	ation concerning this matter,	please call:	
	aurice Kennedy	at (561) 792-0817	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check	k for the following amount m	nade payable to the Florida Department of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendmen	t Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
		Tallahassee, FL 32301	



May 21, 2009

MAURICE KENNEDY 15760 MEADOW WOOD DRIVE WELLINGTON, FL 33414

SUBJECT: ALLTYPE ROOFING, INC.

Ref. Number: P09000039256

We have received your document for ALLTYPE ROOFING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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) 245-6916.

Letter Number: 509A00017273

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of ALLTYPE ROOFING, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P09000039256 (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:

A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: 15760 Meadow Wood Drive (Principal office address MUST BE A STREET ADDRESS) Wellington, FL 33414 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 15760 Meadow Wood Drive Wellington, FL 33414 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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) . <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> ☐ Add ___ □ Remove ____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 6th MAY 2009		
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or 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	31	
(vo	oting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	'MAY 2009	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)	
1	MAURICE (ENNEDY (Typed or printed name of person signing) RESIDENT (Title of person signing)	