

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000192897 3)))



H110001928973ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : PRO ACCOUNTING AND FINANCIAL SOLUTIONS, INC.
Account Number : I20080000107
Phone : (954) 667-0673
Fax Number : (954) 667-0674

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ROOFING & REMODELING PROJECTS, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Amend
10/8/2/11

FROM : PRO ACCOUNTING
850-617-6381

FAX NO. : 9546670674
8/1/2011 2:57:18 PM PAGE 1/001 Fax Server

Aug. 01 2011 05:14PM P5



August 1, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ROOFING & REMODELING PROJECTS, CORP
1532 WHITE HALL DRIVE
SUITE 104
DAVIE, FL 33324

SUBJECT: ROOFING & REMODELING PROJECTS, CORP
REF: P07000106679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

The corporate name does not contain the (&) not (AND) and no period after (CORP).

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000192897
Letter Number: 911A00018057

RECEIVED
11 AUG -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM : PRO ACCOUNTING
... 311 3331

FAX NO. : 9546670674
8/1/2011 9:31:22 AM PAGE

Aug. 01 2011 12:31PM P1
1/001 Fax Server



August 1, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ROOFING & REMODELING PROJECTS, CORP
1532 WHITE HALL DRIVE
SUITE 104
DAVIE, FL 33324

SUBJECT: ROOFING & REMODELING PROJECTS, CORP
REF: P07000106679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000192897
Letter Number: 911A00017998

RECEIVED

11 AUG -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ROOFING & REMODELING PROJECTS, CORP

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

P07000106679

(Document Number of Corporation (if known))

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 AUG - 1 AM 8:52

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:

The new 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:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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)

(City)

_____, Florida
(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

Aug. 01 2011 05:13PM P3

Title

D

Address

Type of Action

☐ Add
☐ Remove

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: 07/29/2011

Effective date if applicable: 07/29/2011 (date of adoption is required)
(no more than 90 days after amendment file date)

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)
- ☒ 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.

Dated 07/29/2011

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)

EZEQUIEL ROMERO

(Typed or printed name of person signing)

VICE-PRESIDENT

(Title of person signing)