693960

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2018 NOV 26 PM 1: 45

C. GOLDEN

DEC - 3 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A-1 ROOF TRUS	SES LTD., COMPANY		
	BER:			
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	TOM SENNOTT			
		Name of Contact Person	1	
	A-1 ROOF TRUSSES LTD., COMPANY			
	Firm Company			
	4451 ST. LUCIE BLVD.			
	Address			
	FORT PIERCE, FL 34946			
		City/ State and Zip Cod	e	
TON	LSENNOTT@ATTRUSS.CO	N1		
	-	sed for future annual report	notification)	
	n concerning this matter, pleas			
Name	of Contact Person	ar (Area Co	de & Davtime Telephone Number	
Enclosed is a check fo	or the following amount made			
S35 Filing Fee	☐\$43.75 Fiting Fee & Certificate of Status	□S43-75 Filing Fe : & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations			Address ment Section	
		Division of Corporations		
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
		Taffahassee, F1, 32301		

Articles of Amendment to Articles of Incorporation of

FILED

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A-1 ROOF TRUSSES LTD., COMPANY

(Name of Corporation as currently filed with the Florida Dept. of State) IN IARY UF STATE G93960 (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: N/A 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: N/A (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 (Florida street address) New Registered Office Address: . Florida 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)

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, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

Example: <u>X</u> Change	PT	John Doe		
X Remove	\underline{Y}	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>N</u> ame	<u>Addres</u> s	
1) Change	<u></u>	RICHARD D. DISSE	NGER	
Add X Remove			,——————————————————————————————————————	
2) Change	[]	ROBERT G. LAMB		
Add X Remove				
3) Change	Executive Vice President & C		4451 ST, LUCIE BLVD.	
X Add			FORT PIERCE, FL 34946	·
Remove				
4) Change				
Add Remove				
51 Change				-
Add				
Remove				
6) Change	• • • • • • • • • • • • • • • • • • • •			
Add			**	
Remove				

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16			ن سرنا			
<u>pr</u> ovisi	nendment provides f ions for implementin	or an exchange, rec og the amendment if	not contained in	ancellation of iss the amendment	itself:	
(if	not applicable, indica	ue NA)				
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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	ino more than 90 Jays after amendment file date)	
	ino more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendme ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t 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 and shareholder	older
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	lirectors president or other other - it directors or officers have not be	
Signature		
sqleete	directors president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other cated fiduciary by that fiduciary)	
	JAN, S. BECK	
	(Typed or printed name of person signing)	
	EXECUTIVE VICE PRESIDENT & CFO	
	(Title of person signing)	