

365266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

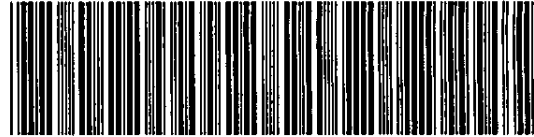
(Business Entity Name)

(Document Number)

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Name Change & Amend
FILED
18 APR 25 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

04/26/18
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Quality Roofing Inc.

DOCUMENT NUMBER: 165266

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

Please return all correspondence concerning this matter to the following:

William Zebrowski

Name of Contact Person

American Quality Inspection

Firm/ Company

629 20 St.

Address

Orlando Florida 32805

City/ State and Zip Code

aqroof@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Zebrowski at (954) 993 3030
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

Mailing Address

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

Street Address

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

Affidavit of William Zebrowski

RECEIVED
2018 APR 25 AM 11:55
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

State of Florida
SS.
County of Orange

I, William Zebrowski, hereby make the following sworn statement upon my belief and personal knowledge that the following matters, facts, and things set forth are true and correct to the best of my knowledge:

1. My name is William Zebrowski, and I currently reside at 629 20 st, Orlando, Florida 32805 in Florida County.
2. I am either over the age of 18 or a legally emancipated minor.
3. I William Zebrowski, Qualifier and sole member of American Quality Inspection of American Quality Inspection and Repair Service Quotes, L.L.C authorize the name of (American Quality Inspection and Repair Service Quotes) To become the new name of and American Quality Repair Service Quotes Inc.

I declare under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct.


(Affiant's signature)

Date: 4/30/2018

Articles of Amendment
to
Articles of Incorporation
of

FILED
18 APR 25 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

American Quality Roofing, Inc.

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

J65266

(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:

American Quality Inspection and Repair Service Quotes Inc.

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**)

629 20 st Orlando Florida, 32805

C. Enter new mailing address, if applicable:

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

629 20 st Orlando Florida, 32805

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

William Zebrowski

William Zebrowski

(Florida street address)

New Registered Office Address:

629 20 St. Orlando

(City)

, Florida 32805

(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)

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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>VS</u>	<u>JoAnn Zebrowski</u>	<u>11298 Muller Road Fort Pierce Fl, 3</u>
<u>Add</u>			
<u>X</u> Remove			
2) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

N/A

[illegible]

04/17/2018

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 not be listed as the document's effective date on the Department of State's records.

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):*

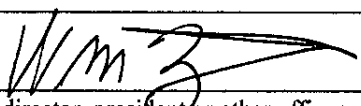
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

04/17/2018
Dated _____

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)

William Zebrowski

(Typed or printed name of person signing)

President

(Title of person signing)