## lorida 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.

(((H22000378186 3)))



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 : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Fax Number ; (727)443-5829

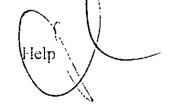
\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email	Address:		_
-------	----------	--	---

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MCENANY ROOFING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



## Articles of Amendment to Articles of Incorporation of

MCENANY ROOFING, INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
M21659	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered." "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
D. Turbus and advance if quality his	20
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	2072 NCV
/	5.
	<b>-</b> ₹
C. Enter new mailing address, if applicable:	77 j. l.
(Mailing address MAY BE A POST OFFICE BOX)	
	- 03
	<u> </u>
D. If amending the registered agent and/or registered office ad-	duam in Claulda autor the name of the
new registered agent and/or the new registered office address	
<del></del>	<del></del>
Name of New Registered Agent	
(Florida s	trees address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
A	
Signature of New	Registered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11	) (e), F.S.

If amending the Officers and/or Directors, enter the fitte 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 officeridirector title by the first letter of the office title:

P = Prusident; 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 FST 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 Job	n Doe			
X Remove		ce lones			
X Add		Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
i)Change	VP	MARK SLOAT	8801 INDUSTRIAL DR		
Add			TAMPA, FL 33637		
X Remove			2022 h		
2) Change			· RO		
Add					
Remove 3)Change	,				
Add			~· N		
Remove					
4)Change					
Add					
Remove					
5)Change					
Add					
Remove					
6) Change					
Add			,		
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
		.,,	
			· · · · · · · · · · · · · · · · · · ·
······································			
			******
			******
		······································	·····
			~
		•••••••••••	77
			40N ZZ0Z
		*	<del></del>
		. ,	
		•	Æ
F. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	n · Fen÷	œ
provisions for implementing the ame	ndment if not contained in the amendment itself:	,	$\sim$
(if not applicable, indicate N/A)			_
		***************************************	
			•••••

The date of each amendment(s) adopt date this document was signed.	ion:		if	other th	ian the
Effective date if applicable:	Lea mare than 90 days	ifter amendment file datej			
	(no mate man 29 days)	gen umenum m jae uurej			
Note: If the date inserted in this block document's effective date on the Depart		atatory filing requirements, th	sis date will not t	e listed	as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopted action was not required.	by the incorporators, or board o	directors without shareholde	r action and share	:holder	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		er of votes east for the amenda	nent(s)		
The amendment(s) was/were approve must be separately provided for each					
The number of votes east for t	he amendment(s) was/were suffi-	cient for approval		1- AON 2202	
ъу	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A0	
	(voung group)		.*	ᆫ	****
		-n 8	· IJ.	A	 إيار
Dated	10126/22	7,/		<u>≕</u>	
α.	1 1/2	Y	ubybq ^ ^ gybra	8: 2	
Signature (By a direct	or, president or other officer - if	directors or officers have not			
selected, by	an incorporator - if in the hands	of a receiver, instee, or other	r court		
• •	iduciary by that fiduciary)	ianamana			
Mi	CHAEL T. MCENANY				
	(Typed or printed name o	t person signing)			
PR	ESIDENT / DIRECTOR				
	(Title of person signing)		************************		