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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JAMIE CARTER ROOFING, INC.					
DOCUMENT NUMBER: P0000017078					
The enclosed Articles of Amendment ar	nd fee are submitted for filing.				
Please return all correspondence concer-	ning this matter to the following:				
	LARRY D. STUECKEN				
	(Name of Contact Person)				
	LARRY D. STUECKEN				
	(Firm/ Company)				
123	34 AIRPORT ROAD, SUITE 103				
	(Address) .				
	DESTIN, FL 32541 (City/ State and Zip Code)				
For further information concerning this					
LARRY D. STUECKEN (Name of Contact Person)	at (850) 837-0650 (855-3236 CELL) (Area Code & Daytime Telephone Number)				
, , , , , , , , , , , , , , , , , , ,	nount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee Certificate of Stat	& \$\Bigsquare{1}\$\$43.75 Filing Fee & \$\Bigsquare{1}\$\$52.50 Filing Fee				
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

Articles of Amendment to Articles of Incorporation of

FILED

2008 DEC 10 PM 12: 04

SECRETARY OF STATE

TALLAHASSEF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) <u>JAMIE CARTER ROOFING. INC</u> (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: CARTERCRAFT ROOFING, 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) 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) 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

	and title, name, and address of ditional sheets, if necessary)	of each Officer and/or Director being	<u>z added:</u>
<u>Fitle</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
	nding or adding additional A additional sheets, if necessary)		
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provis		exchange, reclassification, or cancella mendment if not contained in the am	
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The date of each amendmen	t(s) adoption:
Effective date if applicable:	JANUARY 1, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated/Z	2/5/08
Signature	
(By sele	a director, president or other officer – if directors or officers have not been beted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JAMIE A. CARTER
	(Typed or printed name of person signing)
	PRES.
	(Title of person signing)