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8/13/2018

Ellenton Roof & Aluminum Inc 10015 Old Tampa Road Parrish FL 34219 Fax & Phone 941-776-2366

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

COVER LETTER

TO: Amendment Section

Division of Corporations

^	Roof & Aluminum Inc
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Deborah De Elkenton Ros 10015 Old T Parrish 71 ellnrof Paol C E-mail address: (to be used	Name of Contact Person of Aluminum Tn Firm/ Company ampa Address 34219 City/ State and Zip Code
For further information concerning this matter, please of	call:
Deborah Deslauriers Name of Contact Person	at (941) 7762366 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (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

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

FILED

Ellenton Roof & Alu	uninum J	<u> </u>	ZU18 AUG 15	PM 1:52
(Name of Corpo	ration as currently fil	ed with the Florida	Dept. of State)	A.3
P01000002989	ration as currently fil		TALLAHAS	UF STATE SEF FI
(Do	ocument Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Floa	rida Profit Corporat	ion adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of th	ne corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, "Inc," or "Co"	'. A professional co	corporated" or t prporation name t	he abbreviation nust contain the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A				
	-	 .		
	-	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX</u>)			
D. If amending the registered agent and/or reg		in Florida, enter th	e name of the	
new registered agent and/or the new registe	ered office address:			
Name of New Registered Agent				
	(Florida street d	address)		
New Registered Office Address:			, Florida	
	(Cit	v)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		and accept the oblis	rations of the posi	tion.
	<i>y</i>		,	
	Signature of New Regi	stered Avent if chan	aina	

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 Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>ŞV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	David Deslayriers	Deceased
Add Remove			
2) Change			
Remove 3) Change			
Add			
4) Change			
Add			
5) Change Add			
Remove			
6) Change Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
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<u> </u>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	ndment if not contained in the amendment itself:
Lit not applicable indicate M/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other tha
date this document was signed.
Effective date if applicable: \$-13.2018
Effective date if applicable: 5-13-2018 (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 a 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
by
☐ 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 8-13-2018 Signature Jean 9. Dislaurieus
Signature Jean a Diplantiers
(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)
JEAN A. DE SLAURIERS (Typed or printed name of person signing)
(Typed or printed name of person signing)
TREASURER
TREASURER (Title of person signing)

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