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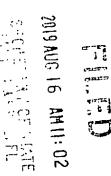
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S. TALLENT AUG 2 6 2019



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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: All Exterior Roofing & Aluminum, INC DOCUMENT NUMBER: _ P0100072191 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia WISON

Name of Contact Person

All Exterior Roofing + Aluminum Inc

Firm/Company PO BOX 1178 Le canto, M. 34460

City/ State and Zip Code derainc2 e gmail. wm
E-mail address: (to be used for furdre annual report notification) For further information concerning this matter, please call: ___ at (___352__) ___302-7693 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

		(Name of Corpora	ation as currently	filed with the Florid	a Dept. of Sta	<u>te</u>)	
AIL	Exterior	Roofing	+ Alum	inum, INC	POI	00007.	2191
				Corporation (if known			****
Pursuant to	o the provisions of sec of Incorporation:	tion 607.1006, Flor	ida Statutes, this F	lorida Profit Corpora	tion adopts the	e following an	nendment(s) to
A. If ame	nding name, enter th	e new name of the	corporation:				
AIL	Exterior	Aluminu	m Inc			<i>- Th</i> ₁	2 new
"Corp.," '	t be distinguishable "Inc.," or Co.," or th rtered," "professiona	e designation "Co	rp," "Inc," or "C	o". A professional c	ncorporated" orporation na	or the abbre	viation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			2225 N	1. Wood	dvien	Lane	
			2225 N Lecanto	PI 3	34461		
					 .		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			3 <i>0X</i>)	PO BUX	1178		
				PO 130X Lecant	D, FL	3446	0
						55 €	<u>3</u>
	nding the registered a			ss in Florida, enter th	ne name of the		TILLIJ
<u>N</u>	ame of New Registered	l Agent	N/A			- -	0 1
						() [] () []	= 171
			(Florida stree	t address)			= -
<u>Ne</u>	ew Registered Office A	ddress:		-	, Florida	一首	02
			(C	liņ)		(Zip Code,	l
New Regis	tered Agent's Signat	ure, if changing R	egistered Agent:				
Thereby ac	cept the appointment	as registered agent	I am familiar wii	th and accept the oblig	gations of the p	oosition.	
			NA	gistered Agent, if chan			
		Sig	gnature of New Reg	gistered Agent, if chan	ging		

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.

X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add			
Remove			
2) Change		_	<u> </u>
Add			
Remove			
3)Change		_	
Add			
Remove			-
4) Change			
Add		,	
Remove		ı	
5) Change		- 1	
Add		;	
Remove		Ý	
6) Change			_
Add			
Remove			

ausen aaaitional s	sheets, if necessary).	(Be specific)				
	NX					
						
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					- <u>-</u> -	
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		-		<u> </u>	 -	
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			<u> </u>			
	-	<u> </u>			-	
f an amendment j	provides for an exchar	ige, reclassifica	tion, or cancellat	ion of issued share	<u>25,</u>	
Lifnor contice	plementing the amend tble, indicate N/A)	ment if not con	tained in the am	endment itself:		
(і) пол ирүтей						
	NA					
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			<u></u>			
				. .		
						

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The date of each amendment(s) adop date this document was signed.	tion:			, if other than the
Effective date if applicable:				
Effective date <u>if applicable</u> ,	(no moi	re than 90 days after	r amendment file de	utej
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the ment of State's re-	he applicable statute cords.	ory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E</u>)		
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the sharehold lent for approval.	lers. The number of	votes east for the a	mendment(s)
☐ The amendment(s) was/were approvement be separately provided for each	ed by the sharehol h voting group en	lders through voting	groups. The follow tely on the amenda	ving statement nent(s):
"The number of votes cast for				
by		<u></u>	 .	
	(voting group	<i>))</i>		
☐ The amendment(s) was/were adopted action was not required.	d by the board of d	directors without sha	reholder action and	l shareholder
The amendment(s) was/were adopted action was not required.	l by the incorporat	tors without shareho	lder action and sha	reholder
Dated 0 8-	13-2019			
Signature				
	or, president or ot an incorporator - iduciary by that fi	- if in the hands of a	ctors or officers have receiver, trustee, o	re not been r other court
	Daniel F	7 WILSON		
		printed name of per		
	Danie	will To	T.	>
	- proceedan	(Title of person sig	gning)	