

Florida Department of State
Division of Corporations
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((H21000129899 3)))



H210001298993ABC8

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : COTNEY CONSTRUCTION LAW, LLP
Account Number : I20200000042
Phone : (813)579-3278
Fax Number : (813)902-7612

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

Email Address: jimcrosby3@aol.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FL ROOFMASTERS INC.**

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R. WHITE
MAY 06 2021

Fax Audit No. (((H21000129899 3)))



April 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FL ROOFMASTERS INC.
P.O. BOX 2050
INTERLACHEN, FL 32148

SUBJECT: FL ROOFMASTERS INC.
REF: P01000103707

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This document is not acceptable for imaging some pages are too blurry.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H21000129899
Letter Number: 921A00006830

P.O BOX 6327 - Tallahassee, Florida 32314

Fax Audit No. (((H21000129899 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FL ROOFMASTERS INC.

DOCUMENT NUMBER: P01000103707

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

Please return all correspondence concerning this matter to the following.

MATTHEW D. PIPES
Name of Contact Person
COTNEY CONSTRUCTION LAW, LLP
Firm/ Company
3110 CHERRY PALM DRIVE, SUITE 290
Address
TAMPA, FLORIDA 33619
City/ State and Zip Code
MPIPES@COTNEYCL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW D. PIPES at (813) 579-3278
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 checked="" type="checkbox"/> \$35 Filing Fee | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Fax Audit No. (((H21000129899 3)))

Articles of Amendment
to
Articles of Incorporation
of

FL ROOFMASTERS INC.

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

P01000103707

(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:

AKT SMITH 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**)

13370 NE 34TH TERRACE

ANTHONY FL 32617

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

PO Box 453

SPARR FL 32192

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

THOMAS SMITH

13370 NE 34TH TERRACE

(Florida street address)

New Registered Office Address:

ANTHONY

Florida

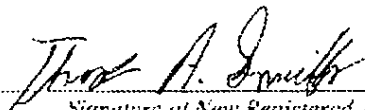
32617

(City)

(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

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 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>DP</u>	<u>JAMES A CROSBY</u>	<u>152 WHISPERING PINES TRL</u>
<input type="checkbox"/> Add			<u>INTERLACHEN, FL 32148</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DP</u>	<u>THOMAS SMITH</u>	<u>13370 NE 34TH TERRACE</u>
<input checked="" type="checkbox"/> Add			<u>ANTHONY, FL 32617</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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)

Fax Audit No. (((H21000129899 3)))

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

APRIL __, 2021

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated APRIL __, 2021

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)

JAMES A. CROSBY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)