P01000108336

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROOF ASSE	T MANAGEMENT, INC.,	a Florida corporation		
DOCUMENT NUMB	ER: P01000108336				
The enclosed Articles of	of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this matter to the following:					
_	Dan Rich				
		Name of Contact Person	on		
	Clark, Campbell, Lancaster & Munson, P.A.				
-		Firm/ Company			
	500 South Florida Avenue, Suite 800				
~	Address				
_	Lakeland, Florida 3380	1			
	City/ State and Zip Code				
drich	@cclmlaw.com				
	E-mail address: (to be u	ised for future annual repor	(notification)		
For further information of Dan Rich	concerning this matter, plea	863	647-5337		
Name of	Contact Person	at (de & Daytime Telephone Number		
_	he following amount made		•		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

of

ROOF ASSET MANAGEMENT, INC., a Florida corporation

(<u>Name</u>	e of Corporation as current	y filed with the Florida Dept. of St.	ate)
P01000108336			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts th	ne following amendment(s)
A. If amending name, enter the new r	name of the corporation:		
N/A			THE STATE OF THE S
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	enation "Corp." "Inc." or "	Co''. A professional compration we	The new or the abbreviation ame must contain the
B. Enter new principal office address (Principal office address MUST BE A.	i, if applicable: STREET ADDRESS)	N/A	
C. Enter new mailing address, if app (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new	OFFICE BOX) nd/or registered office addr	N/A ess in Florida, enter the name of the	E
Name of New Registered Agent	Clark, Campbell, Lancas		
	500 South Florida Avenu	e, Suite 800	
	(Florida stre	et address)	
New Registered Office Address:	Lakeland	Florida	33801
	(City)	(Zip Code)
New Registered Agent's Signature, if c	Signature of New Re	gistered Agent, if changing	TILE I
Michael E Lancaster	i. Workman, as a Vice-Pre r & Munson, P.A., a Florid	esident and Treasurer of Clark, (a professional association	Campbell 🤼

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	<u>——</u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Ađd			
Remove			
n Change			
Add	· · · ·		
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
provisions for implementing the ameno	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(у пот аррисаоте, таксате N/A)	
(у пот аррисавіе, іпаісате N/A)	
(у пот аррисаоте, таксате N/A)	
(ly not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(у пот аррисавіе, іпаісате N/A)	

	N/A	
The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.		
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment	(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	Pent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	·
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	cr
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	13/18	
Byadi	rector, president or other officer - if directors or officers have not been	
selected	1, by an incorporator – if in the hands of a receiver, trustee, or other count	,
appoint	ed fiduciary by that fiduciary)	•
	Paul R. Weaver	
•	(Typed or printed name of person signing)	
	President of Roof Asset Management, Inc., a Florida corporation	า
-	(Title of person signing)	