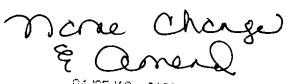
## P03000004602

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	iusiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	<u> </u>

Office Use Only



300283916443



04/05/16--01023--013 \*\*35.00



All SO HAY

APR 08 2016 A RAMSEY

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: QUALITY ROOF	ING & REPAIRS, INC.	
DOCUMENT NUN	P03000004602		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	BOBBY POLLY		
		Name of Contact Person	n
	QUALITY ROOFING & RE	PAIRS, INC.	
		Firm/ Company	
	833 BARBER ST.	Time company	
	·	Address	
	SEBASTIAN, FL 32958		
		City/ State and Zip Cod	е
bdr	oolly.bp@gmail.com		
		sed for future annual report	notification)
	(		,
For further informat	ion concerning this matter, pleas	se call:	
BOBBY POLLY		at (	584-0903
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$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)
Ai Di P.	mendment Section ivision of Corporations O. Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
Tallahassee, FL 32314			ACCURACE CHEE

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



(Name		16 APR -5 PM 3. 00
	of Corporation as current	ly filed with the Florida Dept. of State) AND STATE
P03000004602		ly filed with the Florida Dept. of State) OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA
		of Corporation (if known)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new n	ame of the corporation:	
CI Roof Services, Inc.		. The new
	nation "Corp," "Inc," or '	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
. Enter new principal office address, Principal office address <u>MUST BE A S</u>		17/7
Enter new mailing address, if apple (Mailing address MAY BE A POST)	OFFICE BOX)	MA
new registered agent and/or the ne		ress in Florida, enter the name of the s:
Name of New Registered Agent	BOBBY POLLY	
11000	833 Barber st.	
	(Florida sti	reet address)
	Sebastian	32958
New Registered Office Address:		. Florida

## 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) X Change	P	Bobby Polly	657 HYANNIE ST. NE
Add			PALM BAY, FL 32907
Remove			
2) Change	P	Billy Polly	833 Barber St.
Add			Sebastian, FL 32958
X Remove			
3 ) Change	<u>T</u>	Donnie Polly	1170 KEENELAND DR.
Add			WATKINSVILLE, GA 30677
X Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change	<del></del>	· .	
Add			
Remove			

E. If amending or adding additional Arti. (Attach additional sheets, if necessary).	(Be specific)
$\Delta I$	
NA	
•	
	<u> </u>
<del> </del>	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	,
• •	

date this document was signed	· · · · · · · · · · · · · · · · · · ·
. Effective date if applicable:	04/01/2016
interve date in applicable.	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(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	3/28/2016
Signature	
(1	By a director, president or other officer - if directors or officers have not been
	elected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
a	promed inductary by that inductary)
	Dilly Polly
	(Typed or printed name of person signing)
	- Tresident
	(Title of person signing)