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MAR 27 2017 R. WHITE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

NAME OF CORPO	RCI ROOF SER	VICES	
DOCUMENT NUM	P0300004602		
The enclosed Article	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	BOBBY POLLY		
		Name of Contact Person	<u> </u>
	RCI ROOF SERVICES		
		Firm <sup>7</sup> Company	
	833 BARBER ST.		
		Address	
	SEBASTIAN, FL 32958		
	****	City/ State and Zip Cod	e
		-	
·	- E-mail address: (	to be used for future annua	report notification)
For further information	on concerning this matter, please	at( <u>772</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or 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)
<u>M:</u>	riling Address	Street	<u>Address</u>

Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

## FLORIDA DEPARTMENT OF STATE Division of Co-**Division of Corporations**

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TABLEMASSEE, FLORIDA

March 6, 2017

**BOBBY POLLY** 833 BARBER ST SEBASTIAN, FL 32958

SUBJECT: RCI ROOF SERVICES, INC.

Ref. Number: P03000004602

We have received your document for RCI ROOF SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I believe you have submitted the wrong form. Please find enclosed the correct form for filing articles of amendment for a Florida for profit corporation. Or if you intended to file this form, please fill out pg 3 of 4 or 4 of 4 according to the applicable statutes.

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.

Rebekah White Regulatory Specialist II

and the factor of the second

Letter Number: 617A00004228

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: RCI ROOF Services Inc.
DOCUMENT NUMBER: P0300004602
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
RCT Roof Services Inc.
833 Barber St
Schooling F1 329 TV
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bobby Polly at (772) 584-0963  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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

17 HAR 27 PM 2: 12

	of Fig. 5. As it is
RCI Rox Securi	as Ting
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P03000004	tan
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	NA
·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent NA	
(Florida s	treet address)
New Registered Office Address:	, Florida
The Programme Office Tradicess.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.
Signature of Nov	Registered Agent, if changing

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 <math>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> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	BillyPolly	833 Barber to
Add		1 /	Setation FL 32958
Remove			
2) Change	I	Donnie Poly	833 Barbart.
Add			Schastian, FL32958
Remove			<del></del>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			•
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Authority distribution of the specific)	
<u> 19   A</u>	
	-
	<u></u>
<del></del>	
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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)	
NIA	
<u> </u>	
•	
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)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	*,
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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"	
(voting group)	
☐ 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.	
Dated3/15/2017	
Signature Signature	
(By a director, president of 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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	