P03000/05007

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
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| (Ĉit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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AHASSEE, FLORIDA

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COVER LETTER

NAME OF CORPORATION: Certified Roofing Inc.

TO: Amendment Section Division of Corporations

| · | | |
|---|---|---|
| DOCUMENT NUMBER: PO300 | 0105007 | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | |
| Please return all correspondence concerning this not be a second of the | natter to the following: tes Contact Person) | |
| Certified Roo | fing Inc. | |
| 9940 Pinethe | C Dr. ddress) | |
| Lake Wales, F | 2 | |
| For further information concerning this matter, ple | ease call: | |
| Carrie Thompson (Name of Contact Person) | at (<u>417</u> <u>)988-12</u> (Area Code & Daytime Tele | 27 ephone Number) |
| Enclosed is a check for the following amount: | | |
| □ \$35 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 Articles of Incorporation

OTAPRIT PH 1:24

P03000105007 (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:

NEW CORPORATE NAME (if changing):

| | ord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") oration must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
|------------|---|
| | S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) tle(s) being amended, added or deleted: (BE SPECIFIC) |
| Article II | Principal Office: Mailing Address |
| | 9940 Pinetree Dr. |
| | Lake Wales, FL 33881 |
| Delete ola | L mailing Address |
| Article | V: Delet Carrie Thomason Add |
| John Pri | estes - President Lake Wales, FL 33898 |
| R. | 19 71 Mills 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Artcle I | I Registered Agent: Delet Carrie Thom, |
| 1) | Add John Priestes LakeWales FL 3389 |
| | (Attach additional pages if necessary) |

I, John J Priestes, am familiar with and understand the responsibilities of becoming the registered agent of Certified Roofing Inc. I accept these responsibilities.

John J Priestes-Current Registered Agent and Officer of Certified Roofing

Carrie A. Thompson – Former Registered Agent

FILING FEE: \$35