## P03000/05549

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: ALL Volusia Roofing & Roof Cleaning
DOCUMENT NUMBER: <u>PO300105549</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH FRANKLIN BLANKENShip Name of Contact Person
ALL Volusia Roofing & Roof- Cleaning Inc
1500 Shadow Pines Dr
New Smyrna Beach, FL 32168 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUSEPH Blankeushin at 386 B9-4086  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  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 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	FILED.	
All Volusia Roofings curren	of Ny L Roof Cle tly filed with the Florida Dept. of 3 000105549	State SECRETARY OF STA	to TE HDA
(Document Number	er of Corporation (if known)		L
Pursuant to the provisions of section 607.1006, FI its Artícles of Incorporation:	orida Statutes, this Florida Profit C	Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	ne corporation:		
			_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A profess		
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or reg new registered agent and/or the new registered Name of New Registered Agent		enter the name of the	
	(Florida street address)		
Non Boristanad Office Adduser		Elorida	
New Registered Office Address:	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		he obligations of the position.	
Signature o	of New 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 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 D	<u>oe</u>		
X Remove	<u>v</u>	Mike J	ones		
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name	<u>Ac</u>	<u>ldres</u> s
1) Change	I	<del>-</del> -	Jacob Glenn Blank	aishi <u>p</u>	1500 Shadow Pives l ew Smyrna Beach, Gl
Add Remove				.().	<u>ew Smyrwa 15 euch</u> 32168
2) Change	T	_	Nicholas JosePHB   ANK	(eush <u>ip</u> M	1500 Shadau Rises D Dew Smyrna Beach A
Remove 3) Change					32168
Add		_			
Remove  4) Change				<del></del>	
Add		<del></del>			
Remove  5) Change			•		
Add		<del>-</del>		-	
Remove  6) Change					
Add		_			
Remove					

(Attach additional sheets, if necessary). (Be specific)	
Lucas James Blankership 40% Shar	155
TOSEPH Franklin Blankership 50% shar	
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TO STAP STAP STAP TO STAP	<u>رنا</u>
	<del></del>
	<del></del>
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: Dec 20 2014	
Effective date if applicable: VECZO ZOV (no more than 90 days after amendment file date)	
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 ALL Volving Roof (penny I," C  (voting group)	•
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	a
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Dec. 20 2014 Signature Association & Bleen houses	
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)	_
JOSEPH F. BIANKENSHIP (Typed or printed name of person signing)	_
(Title of person signing)	_