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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CARL ROOF INC DOCUMENT NUMBER: P03000144716 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carl G. Roof, Sr. Name of Contact Person CARL ROOF INC Firm/ Company P O Box 27 Address Inglis, FL 34449 City/ State and Zip Code croofsr1@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carl G. Roof, Sr. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Taliahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

	#11.1.1.D	
15	APR 24 /M II: 53)
5:10	in the Oo	,

CARL ROOF INC

CARL ROOF INC			Spirit in the second
(Name of Corporation as	currently filed with the Florida	Dept. of State)	TALLAHASSEE TI MAGA
P03000144716			A COMPA
(Document	Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Florid</i>	la Profit Corporat	ion adopts the following amendment
A. If amending name, enter the new name NA	me of the corporation:		The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ation "Corp," "Inc," or "Co".	A professional co	corporated" or the abbreviation
	1	9371 SE B	utler Rd
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Inglis, FL 34449	
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		Α	
D. If amending the registered agent and new registered agent and/or the new		Florida, enter th	e name of the
Name of New Registered Agent	NA		
<u>Name oj New Kegisierea Agent</u>			
	(Florida street add	dress)	
New Registered Office Address:		, Fl	orida
	(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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.

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		
1) Change	ST	Juanita Roof	19371 SE Butler Rd		
Add			Inglis, FL 34449		
Remove					
2) Change	V	Carl G. Roof, Jr.	19351 SE Butler Rd		
Add			Inglis, FL 34449		
Remove					
3) Change			<u> </u>		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	
A	(se specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Adment to not contained in the amendment risers.
A	
	<u></u>

The date of each amendment(s) adoption: U4/21/2015 date this document was signed.	, if other than the
Effective date if applicable: 04/21/2015	
(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"	
(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.	
Dated 04/21/2015 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)	_
Carl G. Roof, Sr.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	