P04000000953

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
RICK AND A		
Q 30 50°		
F 788	Office Use On	ıly
T SA		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>.</u>	•
	* <u>* * * * * * * * * * * * * * * * * * </u>	



400138142524

11/24/08--01032--003 **30.00

01/13/09--01022--005 **5.00

O9 JAN 15 PM 1: 18 SECKETART OF STATE ALLAHASSEE, FLORID

JAN 30 JAN 150

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: (10)	k Construction of 1	Central FL.
DOCUMENT NUMBER: <u>571195555</u>		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Probert D Proesti	Contact Person)	
New Look Construction	Company)	INC
304 15th Ave	ddress)	_
OCORP, FL 3470 (City/State	and Zip Code)	_
For further information concerning this matter, ple	ease call:	
Probert D. Proesti (Name of Contact Person)	at (407) (056-832) (Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount mad	le payable to the Florida Department of	of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is Ce enclosed) (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy enclosed)
Mailing Address Americanent 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



December 2, 2008

ROBERT D. ROESTI 304 15TH AVE OCOEE, FL 34761

SUBJECT: NEW LOOK CONSTRUCTION OF CENTRAL FL. INC.

Ref. Number: P0400000953

We have received your document for NEW LOOK CONSTRUCTION OF CENTRAL FL. INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list the street address of each officer/director.

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) 245-6916.

Letter Number: 108A00058893

Carol Mustain Regulatory Specialist II.

Articles of Amendment

to

Articles of Incorporation

of

í	New Look C	onstr	uction	OF	Centra	1/ FL Inc	•
•						rida Dept. of State	
	571195555						
		· /D	. 3.7	~ ~ ~			

(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:

A. If amending name, enter the new name of	<u>the corporatio</u>	<u>n:</u>	
BYB Soffit Inc.			
The new name must be distinguishable an	d contain the	word "corporation	," "company," or
"incorporated" or the abbreviation "Corp.," '	"Inc.," or Co.	," or the designation	"Corp," "Inc," or
"Co". A professional corporation name	must contain	the word "charter	red," "professional
association," or the abbreviation "P.A."			
B. Enter new principal office address, if appli		304 15th A	ve
(Principal office address <u>MUST BE A STREET</u>	<u>"ADDRESS"</u>)	Ocoee, FL:	34761
			O9
C. Enter new mailing address, if applicable:	E BAIA		FIL ASSI
(Mailing address <u>MAY BE A POST OFFIC</u>	E BUX)		
			≅ă ∴
			∏mi or
D. If amending the registered agent and/or re	gistered office	address in Florida, e	nter the name of the
new registered agent and/or the new regist			
Name of New Registered Agent:			····
-			
New Registered Office Address:	(Flori	ida street address)	
			m. 11
		(C:t.)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing	n Danistared A	aont:	
I hereby accept the appointment as registered			ent the obligations of the
position.	ugem. I um	jaminar min ana acc	epi me oonganons of me
Sis	enature of New	Registered Agent, if ci	hanging
~··c	5 4) 4,4//		

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)

<u>Title</u>	Name	Address	Type of Act
<u>Owner</u>	Audie D Leith	1737 CLATCONA OCOCO	Add Remove
			□ Add □ Remove
			— □ Add
			Remove
		 	
			
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·

The date of each antendment(s) adoption: 11/0/08
Effective date if applicable:
(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 11/0/08 Dated 11/0/08
(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)
Robert Ruest Auris BLEITH (Typed or printed name of person signing) OWNER CO OWNER
(Typed or printed name of person signing)
OWNER CO OWNER
(Title of person signing)