## P0400017246

| (Requestor's Name)                      |
|---|
| (Noquestor's Name)                      |
| (Address)                               |
| F                                       |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
SECRETARY OF STATE

6/2/10

## **COVER LETTER**

. TO; Amendment Section
Division of Corporations

| NAME OF CORPORATION:   | Robert Cherry Roofing, Inc.  |  |  |  |
|--|--|--|--|--|
| DOCUMENT NUMBER:   | P0400017266  |  |  |  |
| The enclosed Articles of Amendment and fe  | ee are submitted for filing.   |  |  |  |
| Please return all correspondence concerning  | this matter to the following:  |  |  |  |
|  | Dorothy O'Shea   |  |  |  |
|  | Name of Contact Person   |  |  |  |
|  |  |  |  |  |
| Ro   | bert Cherry Roofing, Inc.  |  |  |  |
|  | Firm/ Company  |  |  |  |
| •,   |  |  |  |  |
| •  | 17601 62rd   |  |  |  |
|  | 17601 63rd. Road No. Address   |  |  |  |
|  | Addiess  |  |  |  |
| _  |  |  |  |  |
|  | Loxahatchee, Fl. 33470   |  |  |  |
| •  | City/ State and Zip Code   |  |  |  |
| roborn   | roofing@hallsouth net  |  |  |  |
| E-mail address: (to be   | rcherryroofing@bellsouth.net  E-mail address: (to be used for future annual report notification)   |  |  |  |
|  |  |  |  |  |
| For further information concerning this mat  | ter nlease call·   |  |  |  |
| 1 of factor mornation concorning this made   | tor, produce our.  |  |  |  |
| Dorothy O'Shea   | at (561)791-2612   |  |  |  |
| Name of Contact Person   | Area Code & Daytime Telephone Number   |  |  |  |
| Enclosed is a check for the following amount   | nt made payable to the Florida Department of State:  |  |  |  |
| [7] \$35 Filing Fee  | \$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 to Articles of Incorporation of

FILED

| (Name of Corporation as curre   | ently filed with the Florid        | ia Debt. of State PH 4: 33                  |
|---|------------------------------------|---|
|   | 1000017266                         | SECRETARY OF THE                            |
| (Document Num   | aber of Corporation (if known      | own) - LAMASSEE. FLORIDA                    |
| Pursuant to the provisions of section 607.1000 mendment(s) to its Articles of Incorporation:  | 5, Florida Statutes, this <b>F</b> | Florida Profit Corporation adopts the follo |
| . If amending name, enter the new name of   | the corporation:                   |   |
|   |                                    | The new                                     |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | designation "Corp," "Inc           | c," or "Co". A professional corporation     |
| 3. Enter new principal office address, if app<br>Principal office address MUST BE A STREE   |                                    |   |
|   |                                    |   |
|   | ·<br>                              |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   |                                    |   |
|   |                                    |   |
|   |                                    | <del></del>                                 |
| D. If amending the registered agent and/or r  |                                    | in Florida, enter the name of the           |
| new registered agent and/or the new regis   | stered office address:             |   |
| Name of New Registered Agent:   |                                    |   |
|   |                                    |   |
| New Registered Office Address:  | (Florida street                    | address)                                    |
|   |                                    | . Florida                                   |
| •   | (City)                             | Florida (Zip Code)                          |
| New Registered Agent's Signature, if changing   | ng Registered Agent:               |   |
| hereby accept the appointment as registered a   |                                    | and accept the obligations of the position. |
|   |                                    |   |
| <del></del> 2   | ignature of New Registere          | ed 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)

| <u>Title</u>      | <u>Name</u>   | Address  | Type of Action               |
|-------------------|---|--|------------------------------|
| Sec               | Charles Falls   | 16972 West Allan Black Blvd.                           | 🗖 Add                        |
|                   | ( ) · ·   | Loxahatchee, Fl. 33470                                 | 🖸 Remove                     |
|                   |   |  | <del></del>                  |
|                   |   |  |                              |
|                   | •   |  | Remove                       |
| •                 |   |  | □ Add                        |
| <del></del>       |   |  | <del>_</del> <del>_</del> _  |
|                   |   |  | <u> </u>                     |
|                   |   |  | •                            |
| E. If amend       | ding or adding addition:<br>dditional sheets, if necess                       | al Articles, enter change(s) here: sarv) (Be specific) | •                            |
|                   |   |  | <del></del>                  |
|                   | •   |  |                              |
| -                 |   |  |                              |
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|                   |   |  |                              |
|                   |   |  |                              |
| F. If an ar       | nendment provides for   | an exchange, reclassification, or cancellation of      | issued shares,               |
| provisi           | nendment provides for<br>ons for implementing th<br>ot applicable, indicate N | he amendment if not contained in the amendmer          | issued shares,<br>it itself: |
| provisi           | ons for implementing th   | he amendment if not contained in the amendmer          | issued shares,<br>nt itself: |
| provisie<br>(if n | ons for implementing th   | he amendment if not contained in the amendmer          | issued shares,<br>nt itself: |
| provisie<br>(if n | ons for implementing th   | he amendment if not contained in the amendmen          | issued shares,<br>it itself: |
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| provisie<br>(if n | ons for implementing th   | he amendment if not contained in the amendmen          | issued shares,<br>nt itself: |
| provisie<br>(if n | ons for implementing the ot applicable, indicate N                            | he amendment if not contained in the amendmen          | issued shares,<br>at itself: |
| provision (if n   | ons for implementing the ot applicable, indicate N                            | he amendment if not contained in the amendmen          | issued shares,<br>at itself: |

| The date of each amendment                         | (s) adoption: June 18,2010   |
|--|--|
|  | (date of adoption is required)   |
| Effective date <u>if applicable</u> :              | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                           | (CHECK ONE)  |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following statement of 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)   |
| ,  | (voting group)   |
| action was not required.                           | re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder                            |
| Dated_6/18   | /2010  |
| Signature  | Dorothy O'Shea   |
|  | a director, president or other officer - if directors or officers have not been  |
|  | ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)                                  |
| ,  |  |
|  | Dorothy O'Shea   |
|  | (Typed or printed name of person signing)  |
|  | VP   |
|  | (Title of person signing)  |