Po4000123749

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





300268271363

arrend

01/20/15--01025--013 **35.00 ,

IS JAN 20 PM 1:28

180R 1 121/15

COVER LETTER

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR		ENIA ROOFIN	,	
DOCUMENT NUMB	er: <u>Po4</u>	1000123749		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	/VAN	IA HODULOU)A	
-	_	Name of Contact Person	n	
_	Name of Contact Person BOHEMIA ROOFING CO., INC.			
		Firm/ Company	7	
13245 ATLANTIC BLID Suite 4-399				
	Address			
	VACKSI	DNV/LUE FL	32225	
•		City/ State and Zip Cod	e	
	inFookal	emia-Rooj	1	
	First address (to be see	sed for future annual report	ing. comi	
	E-man address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
1 ,	1 1	<i>a</i>		
Ivana Ho	dulova	at (904	, \$59-3539	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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)	
<u>M</u> ail	ing Address	Street	Address	
Amendment Section		Ameno	Iment Section	
Division of Corporations			on of Corporations	
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
			·, · ·	

Articles of Amendment

F٦	LE	C
----	----	---

A.u4:-1	to FILEU
Articles	
RAHELLA DOC	SCIALS CORNES JAN 30 PH 12
DUTTERY THE ROOT	of OFING CO 2015 JAH 20 PM 1: 28 THE Florida Dept. of State E JAH ASSEE, FLORIDA THE FORMAN AND THE STATE THE FLORIDA THE STATE OF STATE THE FLORIDA THE STATE OF STATE THE FLORIDA THE STATE OF STATE THE
(Name of Corporation as currently filed with	the Florida Dept. of State): TRASSEE. FLORIUM
	79
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes. its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	on:
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13245 Atlantic Blud Suite 4-399 Jacksonville FL 32225
(Frincipal office address <u>most be Astrebe Abbreess</u>)	Jacksonville FL 32225
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13245 Atlantic Blud Suite 4-3 Jacksonville FL 32225
	Jacksonville FL 32225
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
	ida street address)
	ida street address)

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.

Example: X.Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
,	
	
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, if other than the
The date of each amendment(s) adoption: date this document was signed. 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	
(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)	
HOBULOVA /VANA	
(Typed or printed name of person signing)	
VP/T	
(Title of person signing)	