04000136937

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EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

ROWE ROOFING, INC. NAME OF CORPORATION: _____ 004000136937 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANN BLACK Name of Contact Person SMITH, THOMPSON, SHAW & MANAUSA, P.A. Firm/ Company 3520 THOMASVILLE ROAD, FOURTH FLOOR Address TALLAHASSEE, FLORIDA City/ State and Zip Code dannym@stslaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is 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 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ROWE RC	OFING, INC.			
(Name of Corporation as current	ly filed with the Flor	ida Dept. of State)		
P0400	0136937			
(Document Numbe	r of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, lamendment(s) to its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corp	ooration adopts	the following
A. If amending name, enter the new name of th	e corporation:			
<u> </u>				he new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes.	signation "Corp," "I	Inc," or "Co". A pi	rofessional corp	or the oration
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A				言葉さ
C. Enter new mailing address, if applicable:				HAZSSEE, FL
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	,		TATE ORION
D. If amending the registered agent and/or reginew registered agent and/or the new register		s in Florida, enter tl	ne name of the	
Name of New Registered Agent:	-			
New Registered Office Address:	(Florida stree	t address)		
	(City)	, F. (Zip Co.	lorida	
	•	, (Zip Co	.cj	
New Registered Agent's Signature, if changing land the land in the	Registered Agent: t. I am familiar with	and accept the oblig	zations of the po	sition.

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)

<u>Title</u>	Name	Address	Type of Action
P/S	RUBEN R. ROWE, III	1843 Commerce Boulevard Midway, Florida 32343	_
<u>P/S</u>	KARI ROWE	1843 Commerce Boulevard Midway, Florida 32343	_ ☑ Add ☐ Remove
			Add Remove
(attach d	additional sheets, if necessary). (Be sp	pecific)	
provis	imendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		

The date of each'amendment(s) a	adoption: July 1, 2010
	(date of adoption is required)
Effective date if applicable: (no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or 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	
(vo	ting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
selected	her 30, 2010 Thrector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
_	RUBEN R. ROWE, III
_	(Typed or printed name of person signing)
	Pres/seC.
_	(Title of person signing)