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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2013

CHARLES E BOWMAN JR

2391 DEVINE FARM RD CANTONMENT, FL 32533

SUBJECT: BOWMAN'S QUALITY ROOFING & REPAIR, INC.

Ref. Number: P05000076048

We have received your document for BOWMAN'S SUALITY ROOFING & REPAIR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign in the appropriate signature line.

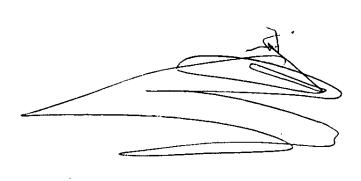
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: \$\(\frac{7}{1}3A00024998\)

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | BOWMAN'S BER. P0500007604 | | IG & REPAIR, INC. |
|--|---|--|--|
| | DIK. | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this mat | ter to the following: | |
| | CHARLES E. BO | WMAN, JR. | |
| | | Name of Contact Persor | |
| | BOWMAN'S QUA | LITY ROOFING | & REPAIR, INC. |
| | | Firm/ Company | |
| | 2391 DEVINE FA | RM RD | |
| | | Address | |
| | CANTONMENT F | FL 32533 | |
| | | City/ State and Zip Code | |
| h | 20 21:000 261 6 | Demon Co | .40 |
| | E-mail address: (to be us | ed for future annual report | notification) |
| | | | |
| For further information | n concerning this matter, pleas | e call: | |
| CHARLES E | . BOWMAN, JR. | 850 | , 777-7338 |
| | of Contact Person | at (<u>850</u> | de & Daytime Telephone Number |
| | | | , |
| Enclosed is a check for | r 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) |
| | ling Address | | Address |
| Amendment Section Division of Corporations | | Amendment Section | |
| | Box 6327 | Division of Corporations Clifton Building | |
| Tall | ahassee, FL 32314 | | xecutive Center Circle |
| | | Tallaha | issee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| | FILED |
|--------------|-----------------------------------|
| 13 | DEC 17 Pu o |
| SECI TALL | ETARY OF STATE WASSEE, FLONIDA |
| | WIASSEE, FLORIDA |

BOWMAN'S QUALITY ROOFING & REPAIR, INC.

| (Name of Corporation as curr | ently filed with the Flor | ida Dept. of State) | ************************************* | EL, FLORIDA |
|--|----------------------------|------------------------------|--|--------------------------|
| P05000076048 | | | | · · · · · · · · · |
| (Document Nur | nber of Corporation (if k | nown) | | |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation: | Florida Statutes, this Flo | orida Profit Corporation add | pts the following | amendment(s) t |
| A. If amending name, enter the new name o | f the corporation: | | | |
| | | | | The new |
| name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Corp," "Inc," or "Co | ". A professional corporati | ated" or the abi | breviation ontain the |
| B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u> | | | | |
| | | | | |
| C. Enter new mailing address, if applicable | | | | |
| (Mailing address <u>MAY BE A POST OFFI</u> | CE BOX) | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or new registered agent and/or the new registered. | | s in Florida, enter the name | of the | |
| Name of New Registered Agent | | | | |
| | | | | |
| | (Florida street | address) | | |
| New Registered Office Address: | *** | , Florida_ | | |
| • | (City) | | (Zip Code) | |
| | | | | |
| New Registered Agent's Signature, if changi | | t 1 .a. 16 a | Cal 10 | |
| I hereby accept the appointment as registered a | agent. I am familiar wit | n 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>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | V | CODY L. BOWMAN | 1700 W GOVERNMENT |
| Add | | | |
| Remove | | | PENSACOLA FL 32502 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| م 🗖 🛪 | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| lf an amandmant provides for an avak | name madessification on assemblation of issued shows |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: (5), if other than the date this document was signed. |
|---|
| Effective date if applicable: (no more than 90 days after umendment file date) |
| (no more than 90 days after amenament 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) |
| (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 OCTOBER 14, 2013 |
| 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) |
| CHARLES E. BOWMAN, JR. |
| (Typed or printed name of person signing) |
| PRESIDENT |

(Title of person signing)