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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: S&S Soffit	Fascia & Gutte	rs, Inc.		
DOCUMENT NUM	MBER: P05000091965				
The enclosed Article	es of Amendment and fee a	re submitted for filir	· g.		
Please return all cor	respondence concerning thi	s matter to the follow	ving:		
Mich	ael D. Smith				
	(Name o	of Contact Person)		· · · · ·	
S&\$	S Soffit, Fascia & Gu	tters, Inc.			
	(Fir	m/ Company)			
1362	: 24 Tamiami Trail #18	38			
	; ;	(Address)			
Norti	Port, FL 34287				
		ate and Zip Code)			
For further informat	lon concerning this matter,	please call:			
Mike Smith	i 	at (941	628-357	7	
(Name	of Contact Person)	(Area Code	& Daytime To	elephone Number)	
Enclosed is a check	for the following amount:				
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing F Certified Copy (Additional copenciosed)		☐ \$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment		Street Address Amendment Se			
Division of (Division of Corporations		
P.O. Box 633 Tallahassee,	s.	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

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06 JAN 19 SECTOR TO	AM IOI ON		

S&S Soffit, Fascia & Gutters, Inc.

(Name of corporation as currently filed with the Florida Dept. of State) ASSEE, FLOR

P05000091965

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

<u>AMENIDMENTS ADOPTED</u>- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

1. Address change: Article II

NEW prinicipal place of business address and mailing address are to be changed to:

13624 Tamiami Trail #188, North Port, FL 34287

2. Article VII: Resignation of both VP's William and Stacy Stevens (resignation forms attached)

Add new VP: Timothy Teepell, 13624 Tamiami Trail #188, North Port, FL 34287

3. Article V: Remove Registered Agent Stacy Stevens (resignation form attached)

Add new Registered Agent Michael D. Smith, 13624 Tamiami Trail #188, North Port, FL 34287

By signing below, I certify that I am familiar with the obligations of the Registered Agent's position.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

50 shares to Michael D. Smith, President

50 shares to Timothy Teepell, Vice President

(continued)

The date of each	amendment(s) adoption: 12-13-05
	pplicable: 12-13-05
	(no more than 90 days after amendment file date)
Adoption of Amc	ndment(s) (CHECK ONE)
	endment(s) was/were approved by the shareholders. The number of votes cast for endment(s) by the shareholders was/were sufficient for approval.
followi	endment(s) was/were approved by the shareholders through voting groups. The ng statement must be separately provided for each voting group entitled to vote vely on the amendment(s):
πTh	e number of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
The am and sha	endment(s) was/were adopted by the board of directors without shareholder action reholder action was not required.
	endment(s) was/were adopted by the incorporators without shareholder action and lder action was not required.
Sign	(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)
	Michael D. Smith
	(Typed or printed name of person signing)
	President MMD
	(Title of person signing)

FILING FEE: \$35