P05000121301

| (Requestor's Name) | |
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| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
| JUN 20 2075 | |





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10/19/23--01003--004 **35.00



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August 2, 2023

JOHN MCCONNELL 1360 OLD DIXIE HWY SW SUITE 103 VERO BEACH, FL 32962

SUBJECT: MODTEK ROOFING, INC.

Ref. Number: P05000121301

We have received your document for MODTEK ROOFING, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 223A00017353



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: MODTEK ROOFIN | IG INC | | | |
|--|---|--|--|--|--|
| DOCUMENT NUM | BER: P05000121301 | | | - | |
| | of Amendment and fee are sub | mitted for filing. | | | |
| Please return all corre | spondence concerning this mate | ter to the following: | | | |
| | John McConnell | | | | |
| 1 | | Name of Contact Person | 1 | | |
| | MODTEK ROOFING INC | | | | |
| | | Firm/ Company | | | |
| | 1360 Old Dixie Hwy SW suite 103 | | | | |
| | Address | | | | |
| | Vero Beach FL 32962 | | | | |
| | City/ State and Zip Code | | | | |
| | | 5.1,7, Danie 21.1 - 1,7 - 1 - 1 | - | | |
| | needroof@modtekinc.com | <u> </u> | | _ | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further informati | on concerning this matter, pleas | se call: | | | |
| • | - | • | • | | |
| John McConnell | | at (| | <u>ب</u> د ــــــــــــــــــــــــــــــــــــ | |
| Name | of Contact Person | Area Co | de & Daytime Telephone N | umber | |
| Enclosed is a check | for the following amount made | payable to the Florida Dep | artment of State: | | |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) | TO TE | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 | | Amen Divisi The C | Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 | 310 | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| (Document | Number of Corporation (i | f known) | | |
|--|--|--|---------------------------|-------------|
| arsuant to the provisions of section 607.1006, Florida Sta Articles of Incorporation: | thites, this Florida Profit (| Corporation adopts the | following | amendment(s |
| If amending name, enter the new name of the corpo | oration: | | | |
| | | · | | The new |
| me must be distinguishable and contain the word "corpo nc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviate | "Co". A professional | incorporated" or the al corporation name mu | obreviation st contain | the word |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> | <u></u> | | | |
| | | | ^***** · · | <u>.</u> |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | · |
| | | | | |
| | | | | |
| . If amending the registered agent and/or registered | | , enter the name of th | <u>e</u> ; | 5 |
| new registered agent and/or the new registered office | ce aduress: | | 35 | 73 f.U. |
| Name of New Registered Agent | | | | |
| | (Florida street address) | | | Ē |
| New Registered Office Address: | , | , Florid | a | = ' |
| New Registered Office Hadress. | (City) | , 1 1//10. | (Zip C | ode) |
| | | | ·_ | 5; |
| | | | | |
| ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I ar | ered Agent: m familiar with and accep | t the obligations of the | position. | |
| | • | | | |
| | | | | |
| | | | | |

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> Joh | un Doc | |
|-------------------------------|----------------------|----------------|-----------------------|
| X Remove | <u>V</u> <u>Mil</u> | ke Jones | |
| X Add | <u>SV</u> <u>Sal</u> | ly Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address A |
| 1) Change | VicePres | John McConnell | 1360 Old Dixie Hwy SW |
| Add | | | |
| R Remove | | | |
| 2)Change | | | |
| Add | | | |
| Remove Change | | | |
| <u></u> Add | • | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | - 7 |
| Remove | | | 5 |
| 5) Change | | | |
| Add | | | 55 |
| Remove | | | |
| δ)Change | | | |
| Add | | | |
| Remove | | | |

| amending or adding additional Articles, enter change(s) nere: tach additional sheets, if necessary). (Be specific) | |
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| an amendment provides for an 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) | - ' |
| | |
| | |
| | • |
| | <u>~15,</u> |
| | , -1 |
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| | |

| The date of each amendmen | | <u> </u> | , if other than the |
|--|--|------------------------------------|--|
| date this document was signe | d. October 1st 2023 | | |
| Effective date <u>if applicable</u> : | | | |
| | (no more than 90 | days after amendment file date) | |
| | this block does not meet the applicathe Department of State's records. | ble statutory filing requirement | s, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| action was not required. The amendment(s) was | ere adopted by the incorporators, or be cre adopted by the shareholders. The were sufficient for approval. | | |
| | ere approved by the shareholders thro ded for each voting group entitled to v | | |
| "The number of vot | es cast for the amendment(s) was/wer | e sufficient for approval | |
| , 1 | | ** | |
| by | (voting group) | · | |
| | By a director, president or other offic selected, by an incorporator – if in the | e hands of a receiver, trustee, or | |
| | appointed fiduciary by that fiduciary) | 1 | • |
| | (Typed or printed r | name of person signing) | · |
| | Vice fr | rsident | |
| | (Title of person sig | ning) | ' (- |
| | | | <u>+-</u> |
| | | | - - - |
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| | | | -: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |