P060000044886

(Re	equestor's Name)	···
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Amend 12.18.14

COVER LETTER

TO: Amendment Section

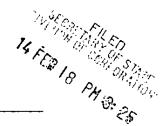
Division of Corporations NAME OF CORPORATION: MOLSBEE ROOFING, INC. DOCUMENT NUMBER: P06000044886 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cary P. Sabol, Esq. Name of Contact Person Law Offices of Cary P. Sabol Firm/ Company P.O. Box 15981 Address West Palm Beach, Florida 33416 City/ State and Zip Code CSabol@Sabollaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cary P. Sabol, Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MOLSBEE ROOFING, INC.

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MOEODER HOOF HOOF			 	_િ ટ્ટેક
	currently filed with the Flo	orida Dept. of State)	•	£ 53
P06000044886				
(Documer	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	adopts the following amendmen	ıt(s) to
A. If amending name, enter the new na	ime of the corporation:			
N/A	_		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpor	orated" or the abbreviation	
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the na	me of the	
new registered agent and/or the nev				
Name of New Registered Agent	Mark Molsbee		_	
	226 South "F" St	reet		
	(Florida stree	t address)		
New Registered Office Address:	Lake Worth	, Florida	33460	
	(City)	, i fortab	(Zip Code)	
		1		
N D L L L C C		/		
		th and accent the obligation	ns of the position	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		th and accept the obligation	ns of the position.	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	Adriana Molsbee	226 South "F" Street
Add			Lake Worth, Florida 33460
Remove			
2) Change	PST	Mark Molsbee	226 South "F" Street
Add			Lake Worth, Florida 33460
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		·	
5) Change		_	
Add			
Remove			
6) Change			_
Add			
Remove			

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	harman and a self and an annual back and the self-annual above
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indifferent if not contained in the amendment users.
1	
<u> </u>	
	

The date of each amendment(s) adoption: Same as date of this Amendment	
date this document was signed.	, if other than the
Effective date if applicable: N/A	
(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 2/7/2014	
Signature C/O/A	
(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)	
Mark Molsbee	_
(Typed or printed name of person signing)	
Presid e t	
(Title of person signing)	