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### **COVER LETTER**

| Division of Corporations •  |
|---|
| NAME OF CORPORATION: <u>Southern Star Roofing, INC.</u>   |
| DOCUMENT NUMBER: P06000067177   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Davie   Boland  Name of Contact Person  Echota luc  Firm/ Company  P.O. Box 530742  Address  Debacy Fl 32753  City/ State and Zip Code  |
| Fish of the last  |
| Firm/ Company   |
| P.O. Box 530742   |
| Address   |
| Debacy Fl 32753   |
| City/ State and Zip Code  |
| Echota Wei Q Gnail. Com E-mail address: (to be used for future annual report notification)  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Daviel Boland at (386) 216-5951 Name of Contact Person Area Code & Daytime Telephone Number   |
| Name of Contact Person Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| \$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) |

# **Mailing Address**

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed wi  | h the Florida Dept. of State)   |   |
|---|---|---|
| P06000067177  |   |   |
| (Document Number of Corpo   | ation (if known)  |   |
| suant to the provisions of section 607.1006, Florida Statu<br>Articles of Incorporation:  | es, this Florida Profit Corporation ac  | dopts the following am                        |
| If amending name, enter the new name of the corpora   | ion:  |   |
| ne must be distinguishable and contain the word "con  |   | The   |
| ne must be distinguishable and contain the word—colorp.," "Inc.," or Co.," or the designation "Corp.," "Inc<br>ad "chartered," "professional association," or the abbrev                    | ." or "Co". A professional corpor   | oraiea or the abores<br>ution name must conta |
| Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS  |   | _   |
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|   | PA Car  | 520742  |
|   | P.O. Box .  | 530742  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | P.O. Box. Debary Fl.  | 530742<br>32753                               |
|   | P.O. Box. Debary Fl.  | 530742<br>32753                               |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |   | ·   |
| (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off  | ce address in Florida, enter the nar  | ·   |
| (Mailing uddress MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off new registered agent and/or the new registered office                                    | ce address in Florida, enter the nar  | ·   |
| (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off  | ce address in Florida, enter the nar  | ·   |
| If amending the registered agent and/or registered off new registered agent and/or the new registered office  Name of New Registered Agent  | ce address in Florida, enter the nar<br>ddress:   | ·   |
| (Mailing uddress MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off new registered agent and/or the new registered office  Name of New Registered Agent      | ce address in Florida, enter the nar  | ·   |
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| (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered offinew registered agent and/or the new registered office  Name of New Registered Agent  (F) | ce address in Florida, enter the nar<br>ddress:   | nc of the                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered offinew registered agent and/or the new registered office  Name of New Registered Agent  (F) | ce address in Florida, enter the nar<br>iddress:  prida street address), Florida            | nc of the                                     |
| If amending the registered agent and/or registered off new registered agent and/or registered office  Name of New Registered Agent  (F)  New Registered Office Address:                     | ce address in Florida, enter the narddress:  orida street address), Florida                 | nc of the                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered offinew registered agent and/or the new registered office  Name of New Registered Agent  (F) | ce address in Florida, enter the narddress:  orida street address) , Florida (City)  Agent: | ne of the  (Zip Code)                         |

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> J        | John Doe       |   |
|-------------------------------|--------------------|----------------|---|
| X-Remove                      | <u>v</u>           | Mike Jones     |   |
| X Add                         | <u>sv</u> <u>s</u> | Sally Smith    |   |
| Type of Action<br>(Check One) | <u>Title</u>       | <u>Name</u>    | <u>Addres</u> s                               |
| 1) Change Add Remove          | <u>vs</u>          | DANIE   BOLAND | 211 Ft. F/A Ad<br>Debary F/ 32713             |
| 2) Change<br>Add<br>Remove    | _P                 | Kent Brumbeloe | 91-2008 Kajali St.<br>4902 EWA Beach Hi 96706 |
| 3 ) Change Add Remove         |                    |                |   |
| 4) Change<br>Add<br>Remove    |                    |                |   |
| 5) Change<br>Add<br>Remove    |                    | ·              |   |
| 6) Change<br>Add<br>Remove    |                    |                |   |

| attach additi             | tional sheets, if necessary). (Be specific)   |             |
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| an amendr<br>Provisions f | ment provides for an exchange, reclassification, or cancellation of issued sh<br>for implementing the amendment if not contained in the amendment itself: | ares,       |
| (if not a                 | applicable, indicate N/A)   |             |
| AMER                      | uding ownership of Shares As follows:   |             |
| Kent                      | Brumbeloe 51%   |             |
|                           | Boland 49%  |             |
|                           |   |             |
|                           | 1/7/2011 Date of Adoption   |             |
| <del></del>               |   |             |
|                           |   |             |
|                           |   |             |
|                           |   |             |

| The date of each amendment(s) adoption: 4/1/12 Name Change, 1/7/11 % of Shares changed  Amount at of Officers  |
|--|
| Effective date if applicable:  Anomal ment of Officers   |
| (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 4/7/12 Signature Sanial Adoms  |
| (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) |
| Davie   Boland (Typed or printed name of person signing)   |
| (Title of person signing)  |
| (Title of person signing)  |