P07000084178

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SECRETARY OF STATE CORPORATIONS

12 SEP 10 PM 2: L1

Amend

SEP 1 3 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAYSIDE R	OOFING PROFE	ESSIONALS, INC.
P070008417		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
JAMES H COLLIE	ER SR	
	Name of Contact Persor	1
COLLIER'S ACC	DUNTING SER	VICE, INC.
	Firm/ Company	
7840 PIER ROAD)	
	Address	
PORT RICHEY, F		
	City/ State and Zip Code	2
jcolli58@yahoo.com		
	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
JAMES H COLLIER SR	at (727	842-2200
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	irtment of State:
\$35 Filing Fee \$\sum \$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



BAYSIDE ROOFING PROFESSIONALS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number	r of Corporation (if known)		
ursuant to the provisions of section 607.1006, Flores Articles of Incorporation:	orida Statutes, this <i>Florida I</i>	Profit Corporation adopts the following	ng amendmer
. If amending name, enter the new name of the	e corporation:		
			The new
ame must be distinguishable and contain the v Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc," or "Co". A	npany," or "incorporated" or the a professional corporation name must	ıbbreviation
Enter new principal office address, if applica			
rincipal office address <u>MUST BE A STREET A</u>	(DDRESS)		
			
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		_
			-
			_
If amending the registered agent and/or regis	stared office address in Fl	oride enter the name of the	-
new registered agent and/or the new register		orida, enter the hame or the	
Name of New Registered Agent			
	(Florida street addres	rs)	
New Registered Office Address:		, Florida	
nen negme en oppe man eas.	(City)	(Zip Code)	
	.		
ew Registered Agent's Signature, if changing Intereby accept the appointment as registered agen		accept the obligations 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 Doe	
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
l) Change	V	JILLIAN R HLOSKA	7334 AMERICA WAY
X Add			NEW PORT RICHEY, FL 34654
Remove			
2) Change			
Add			•
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add			
Keillove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment used:

The date of each amendment(s)	adoption: AUGUST 27, 2012
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
•	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	9-4-12
Signature (D /sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	PATRICK J HLOSKA JR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)