

Division of Corporations
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(((H170001415313)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LICENSES ETC INC

Account Number: I20070000159

Phone : (239)777-1028

Fax Number : (877)275-3593

Enter the email address for this business entity to be used for siture annual report mailings. Enter only one email address please.

Email Address: ETC@LICENSESETC.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN FLOJOCO INC

Certificate of Status	0
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Page Count	07
Estimated Charge	\$35.00

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MAY 24 2017

T. LEMIEUX



COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION: FLOJOCO INC		
DOCUMENT NUME	BER: P08000044123		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	LISA ADAMS		
		Name of Contact Persor	1
	LICENSES, ETC., INC.		
		Firm/ Company	
	886 110TH AVE. N., SUITE	ī.#6	
	······································	Address	
	NAPLES, FL 34108		
		City/ State and Zip Code	3
SUPF	ORT@LICENSESETC.COM	1	
***		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
LISA ADAMS		at (²³⁹	777-1028
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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		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 with the Florid	da Dept. of State)
P08000044123	
(Document Number of Corporation (if know	en)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
ROOFS TO GO, INC.	The new
name mass be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter	the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the ob Signature of New Registered Agent, if cha	anging 15,
	OBSO III

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	PT	John De	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	CEO	_	Donald Castellon	174 Bella Vista Way
Add		_	,	Royal Palm Beach, FL 33411
X Remove				Annual Address of the
2) Change				
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change	•			
Add				
Remove				

Attach addition	adding additional Articles, enter change al sheets, if necessary). (Be specific)		
			,
			
			
			
			•
 			
If an amendm	nt provides for an exchange, reciassifica	tion, or cancellation of issued shares,	
provisions for	implementing the amendment if not con	tained in the amendment itself:	
(у погар)	licable, indicate N/A)		

The date of each amendmen date this document was signe	nt(s) adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	May 24th, 2017	
Signature _	Jose L. Domera	
Q	By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hunds of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	JOSE ROMERO	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	