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## **COVER LETTER**

'TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	PRATION:DUBO Roofing C	o		_		
DOCUMENT NUM	P08000049819			_		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Kristina Duncan					
		Name of Contact Person	n			
	DUBO Roofing, Co					
		Firm/ Company				
	PO Box 10252					
		Address				
	Fleming Island, FL 32006					
		City/ State and Zip Cod	e			
	dukekris@comcast.net					
	E-mail address: (to be us	sed for future annual report	notification)	_		
For further information	on concerning this matter, pleas	se call:				
Kristina Duncan		904 at (	) 229-9258	100	<b>3</b> 03	
Name of Contact Person		at ()at () Area Code & Daytime Telephone Number		umber ;	M	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		PH 2: 52	
Āπ	niling Address nendment Section vision of Corporations	Amend	Address Iment Section on of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

DUBO Roofing, Co				
(Name of Co	rporation as currently	filed with the Florida Dept. of State)		
P08000049819				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this F	Torida Profit Corporation adopts the fo	ollowing amendr	ment(s) to
A. If amending name, enter the new name of	of the corporation:			
DUBO Roofing and Construction, Inc.			The ne	ew
name must be distinguishable and contain the w"Inc.," or Co.," or the designation "Corp." chartered," "professional association," or the	" "Inc." or "Co". A	ompany," or "incorporated" or the abb professional corporation name must	reviation "Corp.	-, ''
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		N/A		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or past registered agent and/or the new registered agent and/or the n	(CE BOX) registered office addre	N/A ess in Florida, enter the name of the	26241137 - 8	
new registered agent and/or the new registered office address  N/A  Name of New Registered Agent  N/A			PH 2:	0
Mune of New Registerea Agent		1 2417	2: 52	
	(Florida stre	et address)		
New Registered Office Address:		. Florida		
New Registered Office Authers.	(1	City)	(Zip Code)	-
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am familiar w		sition.	
	Signature of New Reg	gistered Agent, if changing		

Check if applicable

<sup>☐</sup> 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
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<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
1	
1	
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,	

	April 29, 2024	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	ril 29, 2024	
	(no more than 90 days after amendment file date	)
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendme	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by N/A		
<u> </u>	(voting group)	
April 29,	2024	
Dated		
Signature	unteria del Junian	
(By d	director, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, or sted fiduciary by that fiduciary)	other court
.,,,,	Kristina G. Duncan	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	