P09000043265

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Amend.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:	Roof Masters Preferred, Inc.		
DOCUMENT NUMBER:		P09000043265		
The enclosed Article	s of Amendment and fee a	are submitted for filing.		
Please return all corr	espondence concerning thi	is matter to the following:		
_		Kimberlei Zaniol		
	Λ	lame of Contact Person		
		Firm/Company		
7301 6th Avenue North				
Address				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Petersburg, FL 33710 http://State and Zip Code	····	
	kzanic E-mail address: (to be use	ol@hotmail.com od for future annual report notification)		
For further informati	on concerning this matter,	please call:		
Kin	nberlei Zaniol	at (727) 8	04-6703	
Name of	Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check f	or the following amount n	nade payable to the Florida Depar	tment 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 Circ	le	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Roof Masters Preferred Inc (Name of Corporation as currently filed with the Florida Dept. of State) P09000043265 (Document Number of Corporation (if known)

orporation," "con "Corp," "Inc," or ociation," or the a	"Co". A pro	ofessiónal co	The new l" or the orp <u>or</u> ation	
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lorida street addres	ss)			
	Flo	orida		
ty)	(Zip Coa	le)		
1	address: orida street addre	orida street address) ty) (Zip Cod	dorida street address) , Florida ty) (Zip Code)	ice address in Florida, enter the name of the address: forida street address)

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)

<u>Title</u>	Name	Address	Type of Action
Vice Pr	Galen Lohmeyer	559 Laura Lane Dunedin. FL 34698	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
	· · · · · · · · · · · · · · · · · · ·		
provisions	idment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		
			

The date of each amendment(s) adoption:	
(date of adoption is required)	
Effective date if applicable:	
(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 by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following star must be separately provided for each voting group entitled to vote separately on the amendment(s):	temen
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated 1/5/10	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	