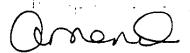
P1000055604

	(Requestor's Name)
.	(Address)
₹ • .	
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	·
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:

Office Use Only



900183434769



07/22/10--01019--021 **52.50



1/23/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ROOF RESCUE, INC
DOCUMENT NUMBER:	P10000055604
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	WAYNE K. EKREN, ESQ. Name of Contact Person
	LAW OFFICE OF WAYNE K. EKREN
	Firm/ Company
	9330 REGENCY PARK BLVD
	Address
	PORT RICHEY, FL 34668
	City/ State and Zip Code
	WAYNE@EKRENLAW.COM
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning	ちょうしん はん とうちょうん こうしゅう かんしゅう しんしゅうけんしゅう カルグ・コンス・コンド・コンタ
WAYNE K. EKREN,	ESQ. at (727) 845-0700 Area Code & Daytime Telephone Number
	ng amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL:32301

Articles of Amendment Articles of Incorporation

FILED

2010 JUL 22 PM 1 36

ROOF RESCUE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State RETARY OF STATE TALLAHASSEE FLORIDA

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

		*		1		The ne
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	ne designation "Co	rp," "Inc,"	or "Co	". A pi	rofession	orated" or th nal corporatio
B. Enter new principal office address, if ap	plicable:					
(Principal office address <u>MUST BE A STRE</u>	ET ADDRESS)					
	•					
						•
C: Enter new mailing address, if applicable		•				•
(Mailing address MAY BE A POST OFF	ICE BOX)					
-1						
-						
		· · · · · ·				
· · · · · · · · · · · · · · · · · · ·			lorida,	enter ti	ie name	of the
D. If amending the registered agent and/or new registered agent and/or the new reg			lorida,	enter ti	ne name	of the
· · · · · · · · · · · · · · · · · · ·			lorida,	enter th	ne name	of the
new registered agent and/or the new reg			lorida,	enter ti	ne name	of the
new registered agent and/or the new reg	gistered office add		-	enter th	ne name	of the
new registered agent and/or the new registered Agent:	gistered office add	ress:	-			of the
new registered agent and/or the new registered Agent:	gistered office add	ress:	-		lorida	of the
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	(Florid	ress: da street add	-	, F	lorida	of the
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if change	(Florid (City)	ress: da street add	ress)	, F	lorida de)	
Name of New Registered Agent:	(Florid (City)	ress: da street add	ress)	, F	lorida de)	

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
<u>P,T</u>	STEPHEN FARRELL	10930 EARHART DRIVE NEW PORT RICHEY, FL 34654	_
<u>VP,T</u>	JOHN G. DAVENPORT	1729 2ND AVENUE, NORTH SAINT PETERSBURG, FL 33713	_ ☑ Add _ □ Remove
<u>P,S</u>	STEPHEN FARRELL	10930 EARHART DRIVE NEW PORT RICHEY, FL 34654	_ ☑ Add □ Remove
	ing or adding additional Articles, end ditional sheets, if necessary). (Be spe		
•.			
· -			
	=		· • • • •
-		<u> </u>	
provisio	nendment provides for an exchange, in the amendment of applicable, indicate N/A)		
			The state of the s
	- 144	·	
	-		

The date of each amendmen	t(s) adoption:	<u>. 7/11/10 </u>		, ં મુ	<u> </u>	<u> </u>
Effective date if applicable:	7/01/10	- (date of a	doption is req	quired)		
	(no more the	an 90 days after	amendment f	île date)	;	
Adoption of Amendment(s)	((CHECK ONE)				
The amendment(s) was/we by the shareholders was/w			s. The number	er of votes	s cast for the	e amendment(s)
The amendment(s) was/we must be separately provide						
"The number of votes	cast for the a	mendment(s) wa	s/were suffic	ient for ap	proval	
by				".	• • •	•
	(voting grou	ιp)			•••	
action was not required. The amendment(s) was/we action was not required.	ere adopted by	the incorporator	rs without she	areholder	action and s	hareholder
\$.						
Dated 7/19	3/2010 .			• .	· :-	
Signature	BA	2				
(By	ected, by an ir	resident or other ncorporator – if i ary by that fiduci	n the hands o			
·		STEPH	IEN FARR	ELL		
		(Typed or printe	d name of pe	rson signi	ng)	,
		والمستحد والتناف والمستحد والتناف والمستحد والتناف والمستحد والتناف والمستحد والتناف والمستحد والتناف والمستحد	NT, SECR	ETARY	•	<u>. </u>
• •	(Ťit	tle of person sign	ing)			