P110000022464

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | _ | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Hernando Roof Cl | eaning & Coatings, I | nc. | |
|-------------------------|--|---|--------------------------|--|
| | BER: P11000022464 | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | John Campbell | | | |
| | | Name of Contact | Person | |
| | Hernando Roof Cleaning & G | Joatings, Inc. | | |
| | | Firm/ Compa | ınv | |
| | 12452 Spring Hill Drive | | •••• | |
| | | Address | | |
| | Spring Hill, FL 34609 | | | |
| | | City/ State and Zi | p Code | |
| herna | andocoatings@gmail.com | | | |
| | E-mail address: (to be u | sed for future annual | report no | tification) |
| | | | | ·····, |
| For further informatio | on concerning this matter, pleas | se call: | | |
| John Campbell | | at (352 |) | 666-7615 |
| Name | of Contact Person | | rea Code | & Daytime Telephone Number |
| Enclosed is a check fo | or the following amount made | payable to the Florida | a Departn | nent of State: |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fe Certified Copy (Additional copy enclosed) | | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Am Div P.O | iling Address endment Section ision of Corporations . Box 6327 | ! (| Division c Clifton Bu | ent Section of Corporations uilding |
| [all | ahassee, FL 32314 | 2 | 2661 Exec | cutive Center Circle |

Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of

- Hernando Roof Cleaning & Coatings, Inc.

| (Name of Corporation as curren | ently filed with the Florida Dept. of State) |
|--|--|
| P11000022464 | |
| (Document Number | r of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation: | his Florida Profit Corporation adopts the following amendment(|
| A. If amending name, enter the new name of the corporation: | |
| n/a | The new |
| name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | r "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | n/a |
| (Principal office address MUST BE A STREET ADDRESS) | بـــ |
| | ————————————————————————————————————— |
| | |
| C. Enter new mailing address, if applicable: | n/a |
| (Mailing address MAY BE A POST OFFICE BOX) | 100 Sign |
| | |
| | and the second s |
| | |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre | |
| Name of New Registered Agent | |
| Name of New Regimerea Agent | |
| (Elorida | street address) |
| | |
| New Registered Office Address: | (City) (Zip Code) |
| | (Eny) |
| | |
| New Registered Agent's Signature, if changing Registered Age | |
| I hereby accept the appointment as registered agent. I am familia | ar with and accept the obligations of the position. |
| | |
| | |
| Signature of New | w Registered Agent, if changing |

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 |
| 1) Change | <u>v</u> | Jasmin Martinez | 12452 Spring Hill Drive |
| X Add | | | Spring Hill, FL 34609 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | - | - |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
|) Change | | | |
| Add | | | |
| Remove | | | |
| Change | | | |
| Add | | | |
| Remove | | | |

| | dditional sheets, i | j necessary). | (Be specific) | | | | |
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| <u>r an aire</u> provisio | enament providence ons for implemen | es for an exchai | nge, reciassiii | <u>cation, or cance</u> ontained in the | llation of issued amendment itsel | shares, | |
| (if n | ot applicable, in | dicate N/A) | ment if not c | snamed in the | <u>anandinent 16961</u> | <u></u> | |
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| | 11/13/2018 | |
|--|---|--|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than th |
| • | 1/13/2018 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment fi | le date) |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requi Department of State's records. | irements, this date will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for t sufficient for approval. | the amendment(s) |
| | approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame | |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | idopted by the board of directors without shareholder action | n and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and | d shareholder |
| 11/13/20 | 18 | |
| Dated | | |
| Signature | | |
| (By selec | a diffector, president or other officer – if directors or officers sted, by an incorporator – if in the hands of a receiver, trusto sinted fiduciary by that fiduciary) | |
| | John Campbell | |
| | (Typed or printed name of person signing) | |
| | PTSD | |
| | (Title of person signing) | |