P120006848

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| Office Use Only |



08/20/18--01022--036 **85.00

FILED 2018 AUG 20 PH 2: 43 SECRETARY OF STATE TALLAHASSEE. FL

C. GOLDEN AUG 2.2 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____

DOCUMENT NUMBER: P12000006848

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Swihart Name of Contact Person David swihart inc Firm/ Company 461 koutnik rd se Address palm bay fl 32909 City/ State and Zip Code mickmosh@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>321</u>) 7495219 Area Code & Daytime Telephone Number **David Swihart** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 🕱 S35 Filing Fee □\$43.75 Filing Fee & **\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

> 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

is enclosed)

Articles of Amendment to **Articles of Incorporation** \mathbf{of}

FILED

•

.

÷

.

| (Name of Comparison on ourse | 2018 AUG 20 PM 2: 43 htly filed with the Florida Dept. of State) |
|---|---|
| David Swihart inc P1200006848 | SECRETARY OF STATE |
| | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | T = T = T |
| David Swihart Roofin name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 461 koutnik rd se |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Palm Bay Fl 32909 |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | 461 Koutnik rd se |
| D. <u>If amending the registered agent and/or registered office ad</u> | |
| new registered agent and/or the new registered office addre | <u>\$5:</u> |
| Name of New Registered Agent | |
| (Florida s | 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 obligations of the position.

Signature of New 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:

.

٠

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 | Ϋ́ | Mike Jones | |
| <u>X</u> Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| E) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | <u>.</u> |
| Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

changing Name to a Roofing, It's Trade Company Lozs _ _ _ _ _____ F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) _____

| The date of | each amendment(s) a | doption: | | , if other t |
|---------------|---|---|---|----------------------------------|
| | ument was signed. | 1 | | |
| Effective da | te <u>if applicable</u> : | | | |
| | <u> </u> | (no more that | n 90 days after amendment file date | ?) |
| | | block does not meet the app epartment of State's records | plicable statutory filing requirements. | as, this date will not be listed |
| Adoption of | Amendment(s) | (<u>CHECK ONE</u>) | | |
| | ndment(s) was/were ad- areholders was/were s | | The number of votes cast for the an | iendment(s) |
| | | | through voting groups. The followi to vote separately on the amendme | |
| •• 1 7 | e number of votes cast | for the amendment(s) was/v | were sufficient for approval | |
| by | | (voting group) | •• | |
| | | (voting group) | | |
| action wa | s not required. | | ors without shareholder action and share without shareholder action and share | |
| | Dated 8 | - 15-18 | | |
| | Dated | | | |
| | Signature _ | | T | |
| | selecte | | officer – if directors or officers have the hands of a receiver, trustee, or ary) | |
| | | David . | Swihart | |
| | | (Typed or printe | ed name of person signing) | |
| | | \square | cector | |
| | | (Tit | tle of person signing) | |