## P12000015158

(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Δα	ddress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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900238789129



900238789129 08/27/12--01056--003 \*\*43.75



8/29/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	<u> </u>		A
NAME OF CORPORATION:	ROE	INCORPOR	ATED
DOCUMENT NUMBER:	P12000	015158	
The enclosed Articles of Amendo	nent and fee are sub	omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
	JOANE	Name of Contact Person	
	BOF I	NCORPORAT Firm/Company	ED
	2425 1	MIKLER A	201
	VIEDO	City/ State and Zip Code	65
E-ma	IONNED (il address: (to be us	OWD Q GMW ed for future annual report	IL, COM notification)
For further information concerning	g this matter, please	e call:	
JOANE Name of Contact	DOWD_Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & tificate 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 Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Inco	rporation
ROF INCORPORATION (Name of Corporation as currently filed with the Florida Corporation)	TED AUG 27 AM 10: 03
P 12 0000 15 158  (Document Number of Corporation (if)	SEURE PANSEE FLORIUA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	BOF INCORPORATED
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2425 MIKLER RAV
	OVIEND, FL 32765
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BOF INCORPORATED
	2425 MIKLER RD1
	OVIEDO, FLI32765
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida(Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered Ag	gent, 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 <math>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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	<u>DPS</u>	LAURI DUDA BUKLEY	LAURI DUDA BUCKLEY 2425 MIKLER RD, OVIEDO, FL, 32765
2) Change Add Remove	292	JOANE DOWD	JOANE DOWD 2425 MIKLER RA OVIEDO, FLB2765
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

ttach.additional shee	additional Articles, ents, if necessary). (Be sp	necific)		
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f an amendment pro	vides for an exchange, i	reclassification, or can	cellation of issued shar	es,
provisions for implei	menting the amendmen	t if not contained in th	e amendment itself:	
(if not applicable		S !!	1	
	00%	3HARES	HELD B	1
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The date of each amendment(s) adoption: 8-23-2012
9. 22 -2212
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(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 8- 22-2012 Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JOANE DOWD
(Typed or printed name of person signing)
PRESINENT
(Title of person signing)