# P12000016293

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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: F & S Roofing, Inc. **DOCUMENT NUMBER:** P12000016293 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Darryl W. Johnston, Esq. Name of Contact Person Johnston and Sasser, PA Firm/ Company 140 S. Main Street Address Brooksville, FL 34601 City/ State and Zip Code sclark@johnstonandsasser.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352 ) 796-5123

Area Code & Daytime Telephone Number Darryl W. Johnston, Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment Articles of Incorporation**

Present.	
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F & S Roofing, Inc.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

D12000016203

	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new na	me of the corporation:		
Foster's Roofing Enterprises, Inc.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		5148 Kirkwood Avenue	
		Spring Hill, FL 34608	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5148 Kirkwood Avenue	
		Spring Hill, FL 34608	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office ad w registered office addre	dress in Florida, enter the na	ome of the
	5148 Kirkwood Avenue		
	(Florida	street address)	
New Registered Office Address:	Spring Hill		34608 , Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ons of the position.
	Cimaton - CM	Designational Again if changing	<del></del>

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:

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.

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)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional additional sheets, if necesso	ry). (Be specific)			
			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	· · · ·	
provi	mendment provides for an sions for implementing the figure in the sign of the	amendment if not a	lication, or cancel contained in the a	<u>lation of issued sha</u> mendment itself:	res,
			<del> </del>		
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			<del></del>		

The date of each amendment(s) adoption:	, if other than the
Č	
Effective date <u>if applicable</u> : (no more than 90 days after ame	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of the separately o	ups. The following statement on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by	."
by	·
The amendment(s) was/were adopted by the board of directors without shareho action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated9/17/15	
Signature (By a director, president or other officer – if directors	
(By a director, president or other officer – if directors	or officers have not been
selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	iver, trustee, or other court
JANES FOSTER	
(Typed or printed name of person s	igning)
PRESIDENT	
(Title of person signing	<u> </u>