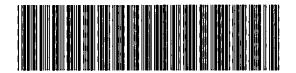
## 0130000007589

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C LEWIS

## **CÔVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** Excel Roofing & Consulting, Inc. NAME OF CORPORATION: P13000007589 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Giangreco Name of Contact Person Payette Services, LLC Firm/ Company 427 Kelly Cove Lane Address Jacksonville, Florida 32225 City/ State and Zip Code apexroofing.us@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juliane Mickler Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 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 is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



<del></del>	of Corporation as current	filed with the Florida Dept. of State)	
P13000007589			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
Apex Roofing Services, Inc.		7	The new
	ation "Corp," "Inc," or	n," "company," or "incorporated" or the abb Co". A professional corporation name must co	reviation
		N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		4444444	
C. Enter new mailing address, if appli	cable:	N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
			<del>d 1 a 11 a 11 a</del>
\	d/a		
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>			
Name of New Registered Agent	N/A		
rtune of them registered rigens		, , , , , , , , , , , , , , , , , , , ,	
	(Florida st	eet address)	
New Registered Office Address:	N/A	. Florida	
New Registered Office Address.		(City) , Florida (Zip Co	de)
New Registered Agent's Signature, if c		the state of the obligations of the position.	
morovy accept the appointment as regist	огов вдот. г ат јанина	та ини иссерьние обиданоть ој те розшот.	
	1		
	N	egistered Agent, if changing	
	Signature of New 1	legistered 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 Do	<u>0e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<del></del>	<del></del>	N/A	
Add				
Remove				
2) Change				
Add				***************************************
Remove				
3) Change		_	***************************************	
Add			,	
Remove				
4)Change	<del></del>			
Add				
Remove				
5) Change				
5) Change	<del></del>	<del></del>		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
A	
	· · · · · · · · · · · · · · · · · · ·
* **	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) A	

The date of each amendment(s) adoption:	N/A	, if other than the
date this document was signed.	01/31/ <b>2</b> 016	FILEO STOLL GRY OF SHAFF INVISION OF CONFORMATION
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e) 16 FEB -3 AHII: 22
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirement State's records.	
Adoption of Amendment(s) ( <u>CH</u>	ECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the an approval.	nendment(s)
	e shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by		
(vot	ing group)	
☐ The amendment(s) was/were adopted by the laction was not required.	board of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the i action was not required.	incorporators without shareholder action and share	eholder
01/31/	2016	
Dated	2.	
	ident or other officer – if directors or officers have reporator – if in the hands of a receiver, trustee, or by that fiduciary)	
	Juliane Mickler	
(	Typed or printed name of person signing)	
	President	
<del></del>	(Title of person signing)	