## P13000025421

(Re	equestor's Name)	
. (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	······
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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## **COVER LETTER**

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ation: Roof	Renu I	
DOCUMENT NUMB	ER	00000	······································
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Rova	10 DeR	OSA
	0	Name of Contact Person	
_	Ko	OOF RENU	INC
		Firm/Company	
	839 570	ony Pt. D	<u>R.</u>
			_
_	PORT OF	PANGE, F	
		City/ State and Zip Cod	e
	Pherosa	160 Gmail	0.00
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ron De	20~0	. 201	795- 2017
	f Contact Person	at ( <u>500</u> Area Co	de & Daytime Telephone Number
England in a shock for			
Enclosed is a check for	the following amount made	payable to the Florida Depa	arment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Mail	ing Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Am	en dm en t	
to Articles of Inco	rnoration	
ROOF RENU. THE		
(Name of Corporation as currently filed with the Fig	orlda Dept. of State)	FINE CO
P130000254	121	AAR A
(Document Number of Corporation (if I	known)	الله المحالية
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		1 2: 2 10 All
NIA		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation	ed" or the abbreviation n name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	, , , , , , , , , , , , , , , , , , ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name o	<u>f the</u>
Name of New Registered Agent	NIA	
(Florida stree	n address)	
New Registered Office Address: (City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of	the position.

Page 1 of 4

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 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	PT John	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>ŞV</u> <u>Sali</u> y	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	丁	JASON M. Temple	34 BIRCHSHING LAVE
Add			Palm Gast, FC 32137
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			····
4) Change		4.7.574(4.7)	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	The same of the sa		
Add			
Remove			

Page 2 of 4

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
NIA	
MA	
	<del></del>
	NT-04-7-0-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
**************************************	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NA	Mile Mile and the second of th

Page 3 of 4

The date of each amendment(s) adoption: 4   5   13
Effective date if applicable: 415113
(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)
(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
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)
^ '
KONALD DEROSA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)