P130000 35309

(Req	uestor's Name)	
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JUL 2 6 2019 S. YOUNG

FILED

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Grey Toology 33	John Inc
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Grey J	Name of Contact Person
	Firm/ Company
100 Z Ced	Address 37578 City/ State and Zip Code
	Address
Niceville, FL	32578
Greatolly 850 Q	ana. L. Gan used for future annual report notification)
For further information concerning this matter, plea	ase call:
Greg Jolly	at (858) 200 - 638 (
J Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation of

/ ~	01	_			
Greg	Jolly .	Inc_			
(Name of Gorpora		y filed with the	Florida Dept.	of State)	
P13000	035309				
(Docu	iment Number of	f Corporation (if	(known)		
rsuant to the provisions of section 607.1006, Florid Articles of Incorporation:	da Statutes, this	Florida Profit (Corporation ado	pts the following	ng amendmen
If amending name, enter the new name of the	corporation:				
oastal Roofing	Professio	nals -	$\nabla \alpha$		The new
me must be distinguishable and contain the wo forp.," "Inc.," or Co.," or the designation "Cor rd "chartered," "professional association," or th	ord "corporation p." "Inc," or "	n, "'company,' Co". A profess	" or "incorpore sional corporati	ited" or the c on name must	 ibbreviation
Enter new principal office address, if applicab rincipal office address MUST BE A STREET AD					
				_ ,_,	
				Po	&
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	2 <i>0X</i>)			AF	T =
				SSE	19
		 		<u> </u>	<u> </u>
If amending the registered agent and/or regist			enter the name	of the	
new registered agent and/or the new registered	d office address	<u>:</u>		*	
Name of New Registered Agent			<u>.</u>	·	_
					_
	(Florida str	eet address)	"		
New Registered Office Address:			, I	Florida	
		(City)		(Zip	Code)
ew Registered Agent's Signature, if changing Re					
ereby accept the appointment as registered agent.	l am familiar i	with and accept	the obligations	of the position.	
Sig	gnature of New R	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	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add	·			
Remove				
				<u> </u>
4) Change	- ·			
Add				
Remove				
5) Change				
Add			, ,	
Remove				
Konove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
		
		
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f an amandment provider for an evolu-	ange reglessification or agreellation of issued sh	N FOE
provisions for implementing the ame	nange, reclassification, or cancellation of issued sh ndment if not contained in the amendment itself:	ares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued should be an addressed in the amendment itself:	ares,
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 7-16-19	
Effective date if applicable: 7-16-19 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-16-19	
Signature	
(By a director, president or other officer - if directors or officers have not bee	n
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by that fiduciary)	
Grea July	
(Typed or printed name of person signing)	
(Typed or printed name of person signing) Pres: Lent (Title of person signing)	
(Title of person signing)	