

P14000015010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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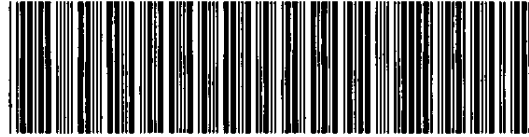
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** APEX ROOFING AND CONSULTING, INC

**DOCUMENT NUMBER:** P14000015010

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAROLD COFFIELD

Name of Contact Person

APEX ROOFING AND CONSULTING, INC

Firm/ Company

2743-1 ANNISTON RD

Address

JACKSONVILLE, FLORIDA 32246

City/ State and Zip Code

hwcpersonal@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAROLD COFFIELD

Name of Contact Person

at ( 904 ) 6415688

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

APEX ROOFING AND CONSULTING, INC

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

P14000015010

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent NEFES, INC


2743-1 ANNISTON RD

(Florida street address)

New Registered Office Address: JACKSONVILLE, FL, Florida 32246  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

*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.*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	<u>SV</u>	<u>Sally Smith</u>

Title	Name
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Address

- |   | 1)                                      | 2)                              | 3)                              | 4)                              | 5)                              | 6)                              |
|---|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Change         | <input type="checkbox"/> Change         | <input type="checkbox"/> Change | <input type="checkbox"/> Change | <input type="checkbox"/> Change | <input type="checkbox"/> Change | <input type="checkbox"/> Change |
| <input checked="" type="checkbox"/> Add | <input checked="" type="checkbox"/> Add | <input type="checkbox"/> Add    | <input type="checkbox"/> Add    | <input type="checkbox"/> Add    | <input type="checkbox"/> Add    | <input type="checkbox"/> Add    |
| <input type="checkbox"/> Remove         | <input type="checkbox"/> Remove         | <input type="checkbox"/> Remove | <input type="checkbox"/> Remove | <input type="checkbox"/> Remove | <input type="checkbox"/> Remove | <input type="checkbox"/> Remove |
| VP                                      | VP                                      |                                 |                                 |                                 |                                 |                                 |
| PATRICK SINGLETARY                      | NEFES. INC                              |                                 |                                 |                                 |                                 |                                 |
| 1609 CALABRIA CT                        | 2743-1 ANNISTON RD                      |                                 |                                 |                                 |                                 |                                 |
| ST AUGUSTINE, FL                        | JACKSONVILLE, FL                        |                                 |                                 |                                 |                                 |                                 |
| 32092                                   | 32246                                   |                                 |                                 |                                 |                                 |                                 |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 1/20/2015 if other than the date this document was signed.

Effective date if applicable: 1/20/2015  
(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 1/29/2015

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)

HAROLD COFFIELD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)