P1500024676

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Southway Roofin	ng Inc			
DOCUMENT NUMI	P15000024676				
The enclosed Articles	of Amendment and fee are su	bmitted for fil	ing.		
Please return all corres	spondence concerning this ma	tter to the follo	owing:		
	PETER ZARCONE				
		Name of C	ontact Person	n	
	SOUTHWAY ROOFING I	NC			
			<u> </u>		
	3225 NE 14TH ST	r iriii/ (Company		
		Δ.d	Idress		
	OCALA FL 34470	7.0	idiess		
		City/ State	and Zip Code	e e	
		eny out	13.p 2.02	-	
SO	JTHWAYOFFICE@GMAIL	COM			
	E-mail address: (to be us	sed for future a	innual report	notification)	
For further information	n concerning this matter, pleas	se call:			
PETER ZARCONE		•	352	629-9162	
Name (of Contact Person	#1	\ Area Co	de & Daytime Telephone Number	
				,	
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	irtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Street	Address	
Ame	endment Section		Amendment Section		
Division of Corporations		Division of Corporations			
P.O.	Clifton Building 2661 Executive Center Circle				
Tallahassee, FL 32314					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOUTHWAY ROOFING INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000024676	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	_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 name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	n address)
New Registered Office Address: (C	Florida Straig 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.
	gistered 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 Doe		
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	FT	ELLERY HOWE	3225 NE 14TH STREET	
Add			OCALA FL 34470	
x Remove				
2) Change	FT	ROBERT FURR	3225 NE 14TH STREET	
x Add			OCALA FL 34470	
Remove				
3) Change	FT	RYAN MERRILL	3225 NE 14TH STREET	
× Add			OCALA FL 34470	
Remove			-	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	**********		-	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
<u></u>				
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	-			
	~ ***			
	<u>.</u>	 		
				
			_	
an amendment provides for an exc	hanna maalassifiaatia	n or consollation of	icenal charac	
provisions for implementing the amo	nange, reclassification endment if not contain	ned in the amendme	ent itself:	
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(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 date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east 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.	
Dated8-9-18	
Signature X (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)	
(Typed or printed name of person signing)	
President	

(Title of person signing)