# P150000638332

(Re	questor's Name)	
( ) -	,	
(Ad	dress)	
(Ad	dress)	
101	(0) . (7) . (5)	(1)
(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500279183385

11/18/15--01002--023 \*\*43.75

SECREDAY OF SAME

15 KOF 18 PH 3: 25

ARCHIVE.

NOV 18 2015 C LEWIS

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Royal Roofing & Restoration  DOCUMENT NUMBER: PS000003839
The enclosed Articles of Amendment and fee are submitted for filing:
Please return all correspondence concerning this matter to the following:
Name of Contact Person Royal Roofing & Roofing & Roofing & Roofing & Roofing & Roofing & St.  Firm/Company  Lollo N. Bronough St.  Address  Tallahassel FL 32310  City/State and Zip Code  roofing. Stor Myestoration Service & Jahoo. Cov  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Traci Fisher at (850) 212-8403  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

## **Mailing Address**

and the second

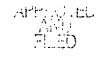
TO: Amendment Section

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



15 WOW 18 PH 3: 29

_	01		13 KU: 10 F	n 3. 29
roxal roofic	19 R restore	Hiso Ito	C ~~~~~~~	V + + + + + + + + + + + + + + + + +
(Name of Corporation as currently	filed with the Florida D	ept. of State)	TALLAHASSHI (L	T 1000 C 当 6300 <b>次</b>
	P1500063	<b>%</b> 32	If there is it to be	The set states
(Document Number	of Corporation (if known)	<del></del>		-
rsuant to the provisions of section 607.1006, Flor Articles of Incorporation:	ida Statutes, this <i>Florida a</i>	Profit Corporation	adopts the followin	g amendment(s
If amending name, enter the new name of the	corporation:			
me must be distinguishable and contain the w				_The new
Corp., "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or the Enter new principal office address, if applicate rincipal office address MUST BE A STREET All Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	he abbreviation "P.A."  ble: DDRESS)	projessional corpo	ration name must	-
If amending the registered agent and/or regis new registered agent and/or the new registered		lorida, enter the n	ame of the	
Name of New Registered Agent				
	(Florida street addre	ss)		
New Registered Office Address:		, Flori		_
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	t. I am familiar with and		ons of the position.	
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	<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>	Name			<u>Addres</u> s	
1) Change	D	Da	vid Lee	<u>Shields</u>		
Add				!	Crawforduille	F ر
Remove					3232	7
2) Change						
Add						
Remove						
3) Change		<del>-</del>				
Add						
Remove						
4) Change		<u> </u>				
Add						
Remove						
5) Change	<del></del>			<del></del> .		
Add						
Remove					*	
6) Change						
Add						
Remove						

ach additional sheets, if necessary).	(Be specific)		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
n amendment provides for an excl			
ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ed in the amendme	ent itself:
,			
			<u> </u>



The date of each amendment(s) adoption:	, if other than
date this document was signed.	15 NOV 18 PM 3: 29
Effective date if applicable:	
(no more than	n 90 days after amendment fix days ASSEE FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. I by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled.	hrough voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/v	vere sufficient for approval
by	y,
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators was action was not required.	ithout shareholder action and shareholder
Dated 11 /18   5	
Signature Maa_/	28Ch
	flicer – if directors or officers have not been
the state of the s	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciar	ry)
Trac	Fisher
(Typed o	r printed name of person signing)
Pr	esident
(	Title of person signing)