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| Special Instructions to | Filing Officer:  | ]           |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: JAMES A BAKEF   | RINC   |  |
|---------------------------|--|--|--|
| DOCUMENT NUMB             | P17000068926   |  | <del> </del>   |
| The enclosed Articles of  | f Amendment and fee are su   | bmitted for filing.  |  |
| Please return all corresp | oondence concerning this ma  | tter to the following:   |  |
| J                         | AMES BAKER   |  |  |
| -                         |  | Name of Contact Perso  | n  |
| -                         |  | Firm/ Company  |  |
| :                         | 5428 SUNSEEKER BLVD  |  |  |
| _                         | •  | Address  |  |
| (                         | GREENACRES, FL 33463   |  |  |
| -                         | <del></del>  | City/ State and Zip Cod  | le   |
| OPRES                     | SURECLEANING@GMAI  | L.COM  |  |
|                           | E-mail address: (to be us  | sed for future annual report                                       | notification)  |
| For further information   | concerning this matter, pleas  | se call:   |  |
| JAMES BAKER               |  | 954<br>at (  | 4040496  |
| Name of Contact Person    |  | Area Co  | ode & Daytime Telephone Number   |
| Enclosed is a check for   | the following amount made  | payable to the Florida Dep   | artment 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) |
| Amer<br>Divis<br>P.O.     | ing Address Indment Section I Ion of Corporations Box 6327 Industrial Industria | Amend<br>Division<br>Cliftor                                       | Address dment Section on of Corporations n Building Executive Center Circle            |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



JAMES A BAKER INC

| B. Enter new principal office address, if applicable:   | Florida Dept. of State                       |  |
|---|--|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Cits Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  ZERO PRESSURE ROOF CLEANING INC  name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profess word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST RE A STREET ADDRESS) | Calle To                                     |  |
| A. If amending name, enter the new name of the corporation:  ZERO PRESSURE ROOF CLEANING INC  name must be distinguishable and contain the word "corporation," "company. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST RE A STREET ADDRESS)  | known)                                       |  |
| ZERO PRESSURE ROOF CLEANING INC  name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST RE A STREET ADDRESS)  | Corporation adopts the following amendment(s |  |
| name must be distinguishable and contain the word "corporation," "company." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST RE A STREET ADDRESS)   |  |  |
| "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A profess word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST RE A STREET ADDRESS)  | The new                                      |  |
| B. Enter new principal office address, if applicable:   | or "incorporated" or the abbreviation        |  |
| (Principal office address MUST RE A STREET ADDRESS)   | EEKER BLVD                                   |  |
|   | RES, FL 33463                                |  |
|   | <del>-,</del>                                |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  5428 SUNSE   | EEKER BLVD                                   |  |
|   | GREENACRES, FL 33463                         |  |
|   |  |  |
| D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:   | enter the name of the                        |  |
| Name of New Registered Agent  |  |  |
| 5428 SUNSEEKER BLVD   |  |  |
| (Florida street address)  | <del></del>                                  |  |
| New Registered Office Address: GREENACRES   | . Florida                                    |  |
| (City)  | (Zip Code)                                   |  |
| '   |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept to  | he obligations of the position.              |  |
| Signature of New Registered Agent.  |  |  |

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:

 $P = President; V = Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 D      | oc           |                      |
|----------------------------|--------------|-------------|--------------|----------------------|
| X Remove                   | <u>v</u>     | Mike_J      | <u>ones</u>  |                      |
| X Add                      | <u>sv</u>    | Sally S     | <u>mith</u>  |                      |
| Type of Action (Check One) | <u>Title</u> |             | Name         | Address              |
| 1) Change                  | CEO          | <del></del> | JAMES BAKER  | 5056 SANCERRE CIRCLE |
| X Add                      |              |             |              | LAKE WORTH, FL 33463 |
| Remove                     |              |             |              |                      |
| 2) Change                  | D            |             | MELVIN GRANT | 5428 SUNSEEKER BLVD  |
| X Add                      |              |             |              | GREENACRES, FL 33463 |
| Remove                     |              |             |              |                      |
| 3 ) Change                 |              |             |              |                      |
| Add                        |              |             |              |                      |
| Remove                     |              |             |              |                      |
| 4) Change                  |              |             | <del></del>  |                      |
| Add                        |              |             |              |                      |
| Remove                     |              | }           |              |                      |
| 5) Change                  |              |             |              |                      |
| Add                        | <del>-</del> |             |              |                      |
| Remove                     |              |             |              |                      |
|                            |              |             |              |                      |
| 6) Change                  | ••           |             |              |                      |
| Add                        |              |             |              | <del></del>          |
| Remove                     |              |             |              |                      |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |  |
|---|--|
| N/A   |  |
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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)   |  |
| N/A   |  |
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|   | 11/27/2017   |                                   |
|---|--|-----------------------------------|
| he date of each amendment(s) adop   | ion:   | , if other than t                 |
| ate this document was signed.   |  |                                   |
| N/A   |  |                                   |
| ffective date <u>if applicable</u> :  |  |                                   |
|   | (no more than 90 days after amendment file date)   |                                   |
| ote: If the date inserted in this block<br>ocument's effective date on the Depart | k does not meet the applicable statutory filing requirements, ament of State's records.  | this date will not be listed as t |
| doption of Amendment(s)   | (CHECK ONE)  |                                   |
| The amendment(s) was/were adopted<br>by the shareholders was/were suffic          | d by the shareholders. The number of votes cast for the amendient for approval.  | iment(s)                          |
|   | ed by the shareholders through voting groups. The following self-th voting group entitled to vote separately on the amendment(s  |                                   |
| "The number of votes cast for   | the amendment(s) was/were sufficient for approval =  |                                   |
| hy  | (voting group)   |                                   |
|   | (voting group)   |                                   |
| action was not required.  | d by the board of directors without shareholder action and shareholder action |                                   |
| action was not required.  |  |                                   |
| 11/27/2017  |  |                                   |
| Dated   |  |                                   |
|   |  |                                   |
| Signature   | J. B.  |                                   |
|   | tor, president or other officer - if directors or officers have no   | t been                            |
|   | y an incorporator - if in the hands of a receiver, trustee, or oth   | er court                          |
| appointed   | fiduciary by that fiduciary)   |                                   |
| JA  | MES BAKER  |                                   |
| _   | (Typed or printed name of person signing)  |                                   |
| OV  | ,<br>VNER/CEO/   |                                   |
|   | (Title of person signing)  |                                   |