P17000095505





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COVER LETTER

NAME OF CORPORATION: PLYS All Area Rooting, Incomment number: P170000 95505 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 All Area Rootins Firm/Company 1820 N. 57th Street. Address TAMPA, Fl. 33le19 City/State and Zip Code Lisa Dallarear cofing. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Lisa Podusny "(813) 247-7663						
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						

Mailing Address

TO: Amendment Section

Division of Corporations

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

Keys All Area Roc	Fins Inc.
DIDAMA 95505	ica wing the Fiorida Dept. of State
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> 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," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2"	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	·
(Florida street	address)
New Registered Office Address: (Ci	y) (Zip Code)
(C.)	қу (гар Соце)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	a and accept the obligations of the position.
Signature of New Reg.	istered 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	$\overline{\text{bL}}$	John Doc	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u> _	Dayglas Richards	1820 N.57th S
Add		•	TAMPA, Fl. 33619
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Muacu aaantonai sneets, ii neeessarer	ticles, enter change(s) (Be specific)	<u></u>			
,	0/0				
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				**	
		· -			
f an amendment provides for an exc	change, reclassificatio	n, or cancellatio	on of issued shar	es.	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contain	ined in the amer	idment itself:		
(у погаррисанге, такаге пях)	010				
					
					_

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 am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gro must be separately provided for each voting group entitled to vote separately	
"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 shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated 1- 25-2018	
Dated 1-25-2018 Signature Rhonder Watson	
(By a director, president or other officer – if director	
selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	eiver, trustee, or other court
Rhonda Wa- (Typed or printed name of person	Signing)
President	
(Title of person signi	ig)