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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: Keys | All Area | Roofing, Inc. |
|---|---|---|
| DOCUMENT NUMBER: PIO | 00095605 |) |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | |
| Please return all correspondence concerning this ma | tter to the following: | |
| All Area 1820 N. S TAMPA, F | Firm/ Company 7+10 S+ Address 1. 33 Le 19 City/ State and Zip Code | + Water proofins |
| Service of CA E-mail address: (to be us | • | notification) |
| Lisa Poslusny | at (<u>\$13</u> _ | de & Daytime Telephone Number |
| Name of Contact Person | | |
| Enclosed is a check for the following amount made p | payable to the Florida Depa | artment of State: |
| S35 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mailing Address</u> Amendment Section Division of Corporations | Amend | Address ment Section n of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

of

| Keys All Area Roo- | fing Inc. | |
|---|---|---|
| (Name of Corporation as currently i | filed with the Florida Dept. of | State) |
| <u> </u> | | |
| (Document Number of C | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation: | orida Profit Corporation adopt | s the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | | |
| n la | | The new |
| name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A p "chartered," "professional association," or the abbreviation "P,A," | npany," or "incorporated" or i professional corporation name | he abbreviation "Corp.," must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | <u> </u> | |
| | | 2020 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NA | DEC |
| | | ======================================= |
| D. If amending the registered agent and/or registered office address | is in Florida, enter the name o | of the |
| Name of New Registered Agent New Programme New Registered Agent | | |
| | - - | |
| New Registered Office Address: (Florida street | | orida |
| ιC | liy) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with | h and accept the obligations of | the position. |
| Signature of New Reg. | istered Agent, if changing | |
| Theck if applicable | | |

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

| X Change | PT | John Doe | |
|-----------------------------|-----------|-----------------|---|
| X Remove | <u>V</u> | 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> | Marie Richaels | 3415 W. Busch Blod |
| Add Remove 2) Change Add | S | Deborah Shirley | Tampa, Fl. 33618 486 52nd St. Gulf Marathon, Fl. 33050 |
| Remove 3.) Change Add | | | |
| Add Change Add | <u>S</u> | Marie Richards | 3415 W. Busch Blue Tampa, Fl. 33618 |
| Remove | | | |
| Add Remove 5) Change | | | |
| Add | | | |
| Remove | | | |

| E. <u>If amend</u> | ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). — (Be specific) |
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| F. If an am | endment provides for an exchange, reclassification, or cancellation of issued shares, |
| provisio | ons for implementing the amendment if not contained in the amendment itself: |
| (if n | not applicable, indicate N/A) |
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| The date of each amendment(s) adoption: Ultra if o date this document was signed. | ther than the |
| 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 will not be document's effective date on the Department of State's records. | listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| X The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. | older |
| ☐ 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) | |
| Dated 12-7-2020 | |
| Signature & MONIN, Wator | |
| (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) | |
| Rhada Watson | |
| (Typed or printed name of person signing) | |
| Proce 1 al | |
| (Title of person signing) | |