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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: V & R OLIVER R	OOFING INC.		
DOCUMENT NUM	BER: P18000003518		····	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	RAYMOND GRIFFIN			
		Name of Contact Person	1	
	V & R OLIVER ROOFING	INC		
		Firm/ Company		
	29248 STATE ROAD 44			
		Address		
	EUSTIS, FL 32736			
	•	City/ State and Zip Cod	e e	
For further information	on concerning this matter, pleas	se call:		
<u> </u>		at ()	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fe	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Fifing 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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
	ision of Corporations . Box 6327	Division of Corporations		
		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

V & R OLIVER ROOFING INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P18000003518	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	eatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P,A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS DE E
	三 三 三
	Egg. I. F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	P. P.
D. If amending the registered agent and/or registered new registered agent and/or the new registered of f	
Name of New Registered Agent	
Nume by New Registered Agent	
-	(Florida street address)
New Registered Office Address:	. Florida
The registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Avent
	m familiar with and accept the obligations of the position.
•	
Signatu	re 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, an 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 = Chie, 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	\overline{b}	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	VINCENT OLIVER	29248 STATE ROAD 44	
Add			EUSTIS, FL 32736	
X Remove				
2) Change	D	RYAN SHADRON	29248 STATE ROAD 44	
Add			EUSTIS, FL 32736	
X Remove				
3) Change	D	EASTON OLIVER	29248 STATE ROAD 44	
Add			EUSTIS, FL 32736	
X Remove				
4) Change	P	EASTON OLIVER	29248 STATE ROAD 44	
X Add			EUSTIS, FL 32736	
Remove				
5) Change				
Add		-		
Remove			· , ,	
6) Change				
Add			*	
Remove				

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n amendment provides for an exchar	nge, reclassifica	tion, or cancel	ation of issued s	hares,	
ovisions for implementing the amend	<u>lment if not con</u>	tained in the a	mendment itself:		
(if not applicable, indicate N/A)					
- 				 	
					
				,,	

he date of each amendment(s) adoption: if other than the
ate this document was signed.
ffective date if applicable: U \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
doption of Amendment(s) (CHECK ONE)
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
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.
Dated Dated 7
Signature (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)
(Title of person signing)