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JUN 0 5 2018 S. YOUNG 8 JUN -4 PM 3:5: LLACIDARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: ROOFING LABO	R SERVICES, INC				
DOCUMENT NUMBER	P18000032366					
The enclosed Articles of A	mendment and fee are su	ibmitted for filing.				
Please return all correspon-	dence concerning this ma	tter to the following:				
Pete	т Held					
		Name of Contact Person	n			
ROG	ROOFING LABOR SERVICES, INC					
		Firm/ Company				
615	IVANHOE WAY					
<del></del>		Address				
CAS	SSELBERRY, FL 32707					
		City/ State and Zip Cod	e			
rooflabor@	gmx.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information cor	peerning this matter pleas	se call: 407 at (	496-0395			
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	following amount made p	payable to the Florida Depa	artment of State:			
S35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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

## ROOFING LABOR SERVICES, INC

B10000033377	tly filed with the Florida Dept. of	State)	_	
P18000032366	.00			
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopt	s the followin	ig amenç	iment(s)
A. If amending name, enter the new name of the corporation: N/A			eri.	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation			tion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A			_
		<u>-</u>		 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	I ALLA	<b>6</b>	_
	<del></del>	HASSEE	- <del>1</del>	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		f the OR	. ည	Ö
Name of New Registered Agent N/A	<u> </u>	DA.	<b>5</b> 5	
tElorida M	reat address)		_	
(Florida st  New Registered Office Address:	reet address)	orida	_	

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)

Example:

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)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	v	Jeremiah Lee Irons	615 IVANHOE WAY
Add			CASSELBERRY, FL 32707
Remove			
2) Change	pt	HAMRICK, ZACHARIAH	615 IVANHOE WAY
Add			CASSELBERRY, FL 32707
x Remove			
3 ) Change	v	BOYSON, JUSTIN	615 IVANHOE WAY
Add			CASSELBERRY, FL 32707
x Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add		·-	
Remove			

<u>11 amendi</u> (Attach <i>ad</i> i	ng or adding addition ditional sheets, if nece	ial Articles, ente ssary). — (Be spec		<u>e</u> :		
N/A						
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. <u>If an ame</u>	ndment provides for	an exchange, rec	lassification, o	cancellation of i	ssued shares,	
provision (if no	ns for implementing to ot applicable, indicate	<u>he amendment il</u> AZA)	<u>f not contained</u>	in the amendmen	t itself:	
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5/29/2018	
The date of each amendment(s) adoption:	_, if other than the
5/29/2018	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
(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 n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
<ul> <li>■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>	
action was not required.	
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)	
OFFICER (Title of person signing)	
(Title of person signing)	<del></del>
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