P180000 76161

200 (0)	
(Requestor's Name)	
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	IL.
(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Under Cover Roof	ing Labor Inc		
DOCUMENT NUM	1BER: P18000076161			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	Tonya Prive			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n	
	Under Cover Roofing Labor	lne		
		Firm/ Company		
	145 Pine Haven Shores Rd S	· ·		
	·	Address		
	Shelburne, VT 05482			
		City/ State and Zip Cod	le	
	sales@snowcountryroofing.c	om		
	E-mail address: (to be us	sed for future annual report	t notification)	
	on concerning this matter, plea			
Tonya Prive		at (de & Daytime Telephone Number	
Name	e of Contact Person	Area Co	de & 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	S43.75 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		Street Address Amendment Section		
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee		
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Check if applicable

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

Under Cover Rooting Labor Inc	oration as currently	filed with the Florida	Dont of State)	
218000076161	oration as currently	med with the Florida	Dept. of State)	
	Occument Number of	Corporation (if known)	<u> </u>	
dursuant to the provisions of section 607,1006, F as Articles of Incorporation:		•		ment(
. If amending name, enter the new name of	the corporation:			
ame must be distinguishable and contain the wor Inc.," or Co.," or the designation "Corp," 'chartered," "professional association," or the	"Inc." or "Co". A			"
Enter new principal office address, if appli			270.7	_
Principal office address <u>MUST BE A STREET</u>	ADDRESS)			:
			2070 JUN - 6	Ē
				≈
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E_BOX</u>)		3	
				MID: 50
			;	-0
				_
. If amending the registered agent and/or re new registered agent and/or the new regist			e name of the	
Name of New Registered Agent				
	(Florida stre	et address)		
New Registered Office Address:			, Florida	-
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing	Registered Agent:		and the same	
hereby accept the appointment as registered ag	eni i am familiar w	un and accept the obliga	ations of the position.	
				
	Signature of New Re	gistered Agent, if chang	ing	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Brian N Horton	30108 Bretton Loop
Add			Mount Dora, FL 32757
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change		_	
Add			
Remove			
IXCHIOVE			

	ional sheets, ij	f necessary).	cles, enter cha (Be specific)				
 							
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<u>f an amend</u>	ment provide	s for an exch	ange, reclassi	<u>fication, or can</u>	cellation of issu	ied shares,	
tif not c	applicable, ind	ting the amei licate N/A)	nament it not	contained in th	<u>e amendment i</u>	useu:	
12	,,						
							
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	06/01/2020	
The date of each amendment(s) ac date this document was signed.	option:	, if other than the
•	/2020	
Effective date <u>if applicable</u> :		
	tno more than 90 days after amen	dment file date)
Note: If the date inserted in this b document's effective date on the De		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately of	
"The number of votes cast	or the amendment(s) was/were sufficient for a	pproval
by Sharehol	dires	••
, <u> </u>	(voting group)	 ·
Dated <u>Colo</u> (C	1/2020	
selected	rector, president or other officer – if directors of a necessity an incorporator – if in the hands of a received fiduciary by that fiduciary)	
	Tonya Prive	
	(Typed or printed name of person si	gning)
•	President	
	(Title of person signing)	