## P19000030432

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_ J. S ROOFING INC DOCUMENT NUMBER: P19000030432 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MA GUADALUPE MONDRAGON AVELLANEDA Name of Contact Person Firm/ Company 428 CITRUS HIGHLANDS DR W Address BARTOW, FL 33830 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863 ) 800-7525
Area Code & Daytime Telephone Number MA GUADALUPE MONDRAGON AVELLANEDA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

J. S ROOFING INC				
(Name o	of Corporation as currentl	y filed with the Florida Dep	ot. of State)	
P19000030432				
	(Document Number of	f Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation :	adopts the following amendm	ent(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The new	w
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpor		
B. Enter new principal office address, (Principal office address MUST BE A S			19 AP	<b>'T</b> ')
C. Enter new mailing address, if apple (Mailing address MAY BE A POST			ASSEE, FLORICA	
D. If amending the registered agent an new registered agent and/or the ne			me of the	
		DRAGON AVELLANEDA		
Name of New Registered Agent	428 CITRUS HIGHLAND	os dr W	· · · · · · · · · · · · · · · · · · ·	
		reet address)	<del></del>	<u>-</u>
New Baristand Office Address	BARTOW	cot was tody	, Florida 33830	
New Registered Office Address:	<del></del>	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	tered agent. I am familiar	with and accept the obligatio		
	Signature of New W	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, 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	<u>PT</u>	John Doc	
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) X Change	P	MA GUADALUPE MONDARGON	428 CITRUS HIGHLANDS DR W
Add			BARTOW, FL 33830
Remove			
2) Change		_	
Add			
Remove			19 APR
3 ) Change	<del></del>		<u>(/) -&gt; =</u>
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
ARTICLES OF AMENDMENT TO CORRECT NAME ON REGISTERED AGENT AND PRESIDEN	T SECTION		_
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		23 2**	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	STATE CORID	HI HA	J
(if not applicable, indicate N/A)	,≯ ,	ယ	
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. *	04/15/2019		
The date of each amendment(s) a date this document was signed.	doption:	, if other	than tl
J	5/2019		
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be liste	ed as ti
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.		
	proved by the shareholders through voting groups. The following statement 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)		
	(voting group)	(c)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	I9 APR 18	n
The amendment(s) was/were adaction was not required.	ppted by the incorporators without shareholder action and shareholder	. 68   . 68   189	
04/15/2019	· · · · · · · · · · · · · · · · · · ·		D
DatedSignature	Macana	AMIII 13	
	lirector, president or other officer - if directors or officers have not been		
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)		
	MA GUADALUPE MONDRAGON AVELLANEDA		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		