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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: Waylon's Roofing	Inc			
	UMBER: P19000041143				
The enclosed Art	icles of Amendment and fee are st	ubmitted for filing.			
Please return all	correspondence concerning this ma	ntter to the following:			
	Billie Adkison				
		Name of Contact Perso	n		
	Waylon's Roofing Inc				
	Firm/ Company				
	1014-1016 SE 12th Ave				
		Address			
	Cape Coral, FL 33909				
		City/ State and Zip Cod	c		
ı	Chris@nastarroofing.com				
-		sed for future annual report	notification)		
	•	·			
For further inforr	nation concerning this matter, plea	se call:			
Billie Adkison		at (239	567-7223		
N	ame of Contact Person		de & Daytime Telephone Number		
Enclosed is a che	ek for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fe	ee □\$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 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

to 43, 20 PHI2: 09

Articles of Amendment to Articles of Incorporation of

Waylon's Roofing Inc

(Name of Corpora	tion as currently filed with the Florida Dept. of State)	
P19000041443		
(Doct	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
	ord "corporation," "company," or "incorporated" or the rp," "Inc," or "Co". A professional corporation name muse abbreviation "P,A,"	
B. Enter new principal office address, if applicab	ole:	
(Principal office address MUST BE A STREET AL		
		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	
		19 19
D. If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address in Florida, enter the name of the doffice address:	2
		يات الله الله الله الله الله الله الله ال
Name of New Registered Agent		
	(Florida street address)	— 2:1 — 2:1
	(r ioi iaa sircei waaress)	
New Registered Office Address:	, Florida, Z	ip Codes
	(Cn)	p code)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position	ч.
	matters of New Registered Arent 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.

X Change	<u>T'1</u>	John Dog	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	William Skaggs Jr	1014-1016 SE 12th Ave
Add			Cape Coral, FL 33909
X Remove			
2) Change	P	Chris Simonetti	1014-1016 SE 12th Ave
X Add			Cape Coral, FL 33909
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>f amending or adding additional Art</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	<u></u> .		
		<u> </u>		
	•			
		_		
	<u> </u>			
f an amendment provides for an excl provisions for implementing the ame	<u>cange, reclassification, e</u> ndment if not contained	or cancellation of iss Lin the amendment	ued shares, itself:	
(if not applicable, indicate N/A)			<u></u>	
				
				

The date of each amendment(s)	June 24,2019 adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the F	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	u(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and sharehol	lder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
June 24,2 Dated	019	
select	director, president or other officer – if directors or officers have not bee ed, by an incorporator – if in the hands of a receiver, trustee, or other ec nted fiduciary by that fiduciary)	
	Chris Simonetti	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	