P20000 27376

| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CO | RPORATION | : FLORIDA ROOFI | NG AND CONTRACTING | G, INC. | |
|------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| DOCUMENT I | | | | | |
| The enclosed A | rticles of Amen | dment and fee are su | bmitted for filing. | | |
| Please return all | correspondenc | e concerning this ma | tter to the following: | | |
| | МІСНА | EL D. SMITH | | | |
| | - | | Name of Contact Person | l . | |
| | FLORIDA ROOFING AND CONTRACTING, INC. | | | | |
| | | ·· <u>·</u> | Firm/ Company | | |
| | 1572 BF | REEZE WOOD LAN | E | | |
| | | | Address | | |
| | PALM I | 3AY, FL 32907 | | | |
| | | | City/ State and Zip Code | 2 | |
| | | | | | |
| | | certifedoffice17@gn | nan.com sed for future annual report | | |
| | 15-11 | ian address. (to be us | sed for fature annual report | no(meanon) | |
| For further info | mation concer | ning this matter, pleas | se call: | | |
| MICHAEL D. S | SMITH . | | at (| 350-7029 | |
| Name of Contact Person | | | Area Coo | de & Daytime Telephone Number | |
| Enclosed is a ch | eck for the foll | owing amount made | payable to the Florida Depa | artment of State: | |
| ≡ \$35 Filing I | | 43.75 Filing Fee & ertificate 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 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA ROOFING AND CONTRACTING, INC.

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

| (<u>Name o</u> | f Corporation as current | tly filed with the Florida Dept. of State) 13 All | का उप |
|--------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------|------------|
| P20000027376 | | | |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this | s Florida Profit Corporation adopts the following amendm | nent(s) to |
| A. If amending name, enter the new na | me of the corporation; | | |
| FLORIDA CONCRETE AND CONTRA | CTING, INC. | The ne | ew |
| | orp," "Inc," or "Co". | "company," or "incorporated" or the abbreviation "Corp. A professional corporation name must contain the wo | ••• |
| B. Enter new principal office address, | if applicable: | N/A | |
| (Principal office address <u>MUST BE A S</u> | | | - |
| | | | - |
| | | | - |
| C. Enter new mailing address, if appli | cable: | N/A | |
| (Mailing address MAY BE A POST (| OFFICE BOX) | NA | - |
| | | | _ |
| | | | |
| | | | - |
| If amending the registered agent an new registered agent and/or the new | | | |
| | N/A | <u> </u> | |
| Name of New Registered Agent | | | |
| | | | |
| | N/A | treet address) | |
| New Registered Office Address: | 18/74 | (City), Florida (Zip Code) | - |
| | | (City) (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if cl | | | |
| I hereby accept the appointment as regist | ered agent. I am familiar | with and accept the obligations of the position. | |
| | | | |
| | | | |
| | Signature of New I | Registered Agent, if changing | |
| Check if applicable | | | |

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) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | N/A | | |
| Add | | | |
| Remove | N/A | | |
| 2) Change Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove 3) Change | N/A | | |
| Add | | | |
| Remove 4) Change | N/A | | |
| Add | | | |
| Remove 5) Change | N/A | | |
| Add | | | |
| Remove | | | |
| 6) Change | N/A | | |
| Add | | | |
| Remove | | | |

| , | additional sheets, i | Iditional Articles, e f necessary). (Be : | specific) | <u></u> . | | |
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| lfan ar | mendment provid | es for an exchange, | reclassification | or cancellation o | f icened charee | |
| provis | sions for implemen | ting the amendmen | nt if not contain | ed in the amendm | ent itself: | |
| - | f not applicable, inc | licate N/A) | | | | |
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| The date of each amendmen date this document was signed | | , if other than the |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Effective date if applicable: | UPON FILING WITH THE FLORIDA DIVISION OF CORPOR | ATIONS |
| · · · · · · · · · · · · · · · · · · · | (no more than 90 days after amendment file dat | e) |
| | this block does not meet the applicable statutory filing requireme he Department of State's records. | nts, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators, or board of directors without share | holder action and shareholder |
| | re adopted by the shareholders. The number of votes cast for the a ere sufficient for approval. | mendment(s) |
| | re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendm | C. |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| API Dated | RII. 8, 2020 | |
| Signature _ | Michall | |
| Se | by a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) | |
| | MICHAEL D. SMITH | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT, SECRETARY, DIRECTOR | |
| | (Title of person signing) | |