P21000054641

(Reg	uestor's Name)	<u> </u>
(134		
(Addi	ress)	
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(Add	ress)	
(City/	/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Square 1 Roofing.	Corp			
DOCUMENT NUM	BER: P21000054641				
The enclosed Articles of Amendment and fee are submitted for tilling.					
Please return all corre	espondence concerning this ma	itter to the following:			
	Jay Conn				
	Name of Contact Person				
	Square 1 Rooting, Corp				
	Firm/ Company				
	37041 North Thrill Hill Rd				
	Address				
	Eustis, FL 32736				
		City/ State and Zip Cod	e —		
	jy_enn@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Jay Conn		at (352	551-3049		
$\frac{\text{Jay Coun}}{\text{Name of Contact Person}} = \frac{352}{\text{Area Code & Daytime Telep}} \frac{551-3049}{\text{Area Code & Daytime Telep}}$		de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	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)		
Am Div P.C	iling Address sendment Section rision of Corporations D. Box 6327 lahassee, F1, 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

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Square 1 Roofing, Corp. (Name of Corporation as currently filed with the Florida Dept. of State). I HE DE STATE TALLAMASSEE, FL P21000054641 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature of New Registered Agent, if changing

Check if applicable

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

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	a Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Crafton, Henry S	141 N Highland ST
Add			Mount Dora, FL 32757
X Remove			
2) Change	CFOVP	Conn, Jay I.	37041 North Thrill Hill Rd
X Add			Eustis, FL 32736
Remove 3) Change	VP	Cunningham, Jeffery	
X Add			141 N Highland ST
Remove			Mount Dora, FL32757
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change	 -		
Add			
Remove			

(Attach addition	nal sheets, if necessary). (Be specific)	
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		_
		
		
. . .	<u> </u>	 ,
		
If an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for	implementing the amendment if not contained in the amendment itself:	
	olicable, indicate N/A)	
nceling existing	shares of Crafton, Henry S	
w shares split w	fill be as follows out of 100 issued shares:	
onn, Lee 52 shar	es	
onn, Jay 42 share	s	
ınningham, Jeffe	ry 6 shares	
		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendm afficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
2/22/2022 Dated		
Signature	irector, president or other officer – if directors or officers have not be	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other ofted fiduciary by that fiduciary)	
	Lee Conn	
	(Typed or printed name of person signing)	
	President &	
	(Title of person signing)	