Paa0000226035

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

Office Use Only



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11/21/23--01010--002 **35.00





February 28, 2024

SHAWN KEKOVICH 2108 MARINER BLVD SPRING HILL, FL 34609

SUBJECT: G & S COASTAL ROOFING INCORPORATED

Ref. Number: P22000022638

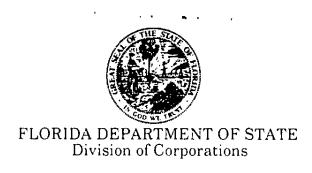
We have received your document for G & S COASTAL ROOFING INCORPORATED. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 824A00004375

Morgan E Lovett Regulatory Specialist II



November 15, 2023

SHAWN KEKOVICH 2108 MARINER BLVD SPRING HILL, FL 34609

SUBJECT: G & S COASTAL ROOFING INCORPORATED

Ref. Number: P22000022638

We have received your document for G & S COASTAL ROOFING INCORPORATED and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 623A00026424

Morgan E Lovett Regulatory Specialist II

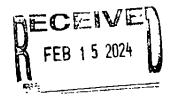
www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations 1+5 Coastal DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: \mathcal{A}^{j} For further information concerning this matter, please call: 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



Articles of Amendment

Articles of Incorporation

Gallonstal Rose	~ 100
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Deauer and North or of	Companies (Classes)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P,A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
ELLY DE TOTOL TELL DOT	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	<u> </u>
(Florida stree	et address)
New Registered Office Address:	
19	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	the and assume the abbit arising of the con-
Thereby accept the appointment as registered agent. I am jamittat wi	un and accept the contgations of the position.
Signature of New Re	gistered 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)

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 Doc 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	PT John De	<u>oe</u>		
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>		
X Add	SV Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>COD</u>	Richard house	2108 Mariner Spring Hill Fl	Bluc
Add Remove)	Spring Hill, FL 34608	
2) Change				
Add				
Remove 3) Change				
Add				-
Remove				
4) Change				• .
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

	necessary). ((Be specific)				
					_	
						
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<u> </u>						
		 		 	 	
171						
						
						
						
	<u> </u>					
If an amendment provide	s for an exchar	nge, reclassifica	ition, or cancella	tion of issued sh	ares,	-
provisions for implement	<u>ting the amend</u>	nge, reclassifica Iment if not cor	ition, or cancella	tion of issued sh tendment itself:	ares,	
If an amendment provides provisions for implement (if not applicable, indi	<u>ting the amend</u>	nge, reclassifica Iment if not cor	ition, or cancella itained in the an	tion of issued sh tendment itself:	ares,	-
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provisions for implement	<u>ting the amend</u>	nge, reclassifica Iment if not cor	ition, or cancella	tion of issued sh tendment itself:	ares,	

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The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: 1/3/24	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Shawn Kekovich	
(Typed or printed name of person signing)	e-
(Title of person signing)	