

P96000076548

Requestor's Name

Address

300 Melbourne Avenue
Indianapolis, FL 32903

7000002133777--2

-04/04/97--01064--018

*****35.00 *****35.00

Office Use Only

R(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of State

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 APR -4 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
4-9

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

RIVERSIDE ROOFING CORPORATION

(present name)

FILED
97 APR -4 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Amendment of Article I:

Change corporation name to:

RIVERSIDE BUILDING & ROOFING CORPORATION

SECOND: 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, are as follows:

NOT APPLICABLE

THIRD: The date of each amendment's adoption: November 7, 1996.

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The numbers of votes cast for the amendment(s) 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 7th day of November, 1996.

Signature William D. Reid

(By the chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

NOT APPLICABLE

(By a director if adopted by the directors)

OR

NOT APPLICABLE

(By an incorporator if adopted by the incorporators)

William D. Reid

Typed or printed name

PRESIDENT

Title

P9600076832

Section 215.26, Florida Statutes, states in part: "Applications for refund as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: JENNIFER Wojtylko EIN or SS#: 262-17-9374

Address: 6363-C Seven Springs Blvd.
Greenacres, FL 33463

Amount: \$35.00 Date Paid _____

Reason for claim: Resigned as Vice President, Treasurer of
Palm Beach Carpet & Upholstery Care, Inc - Sent Resignation to
Fla Dept of STATE - they sent letter indicating they did not have
me listed as an officer.

Certified true and correct this 21 day of March, 1997.

Signature Jennifer Wojtylko

* Must be completed if authority is other than Section 215.26, Florida Statutes.

LFJ/AMENDMENT SECTION

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01039-005</u> dated <u>3-7-97</u>	
Name of Account _____ <u>4520213000145300000000010000</u>	
Statutory Authority for Collection: <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: _____ <u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)

Requestor's Name

Law Offices
Vanner, Stafford & Seaman
A Professional Association
2328 TENTH AVENUE NORTH
SUITE 202
LAKE WORTH, FLORIDA 33461

Office Use Only

BER(S), (if known):

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(Corporation Name) (Document #)
2. _____
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3. _____
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4. _____
(Corporation Name) (Document #)

500002107055--7
-03/07/97--01039--005
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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<input type="checkbox"/>	Name Reservation	<input type="checkbox"/>	Reinstatement
		<input type="checkbox"/>	Trademark
		<input type="checkbox"/>	Other

~~* 789, 581, 133, 671 *~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 11, 1997

Vamer, Stafford & Seaman, P.A.
2328 Tenth Avenue North
Suite 202
Lake Worth, FL 33461

SUBJECT: PALM BEACH CARPET & UPHOLSTERY CARE, INC.
Ref. Number: P96000076832

We have received your document for PALM BEACH CARPET & UPHOLSTERY CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Please complete the enclosed refund application and return it to this office for processing.

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 (904) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 397A00012335