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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JACK'S	ROOF-BR	ITE INC
	BER: <u>P9800001</u>		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
	ARSENIA	Name of Contact Person	2
		Name of Contact Person	
	18 LEWIST	ALE LN	
	18 LEWIST PALM C	OAST FL	32137
		City/ State and Zip Code	
	E-mail address: (to be use	d for future annual report n	otification)
For further information	n concerning this matter, please	call:	
		at () e & Daytime Telephone Number
Name (of Contact Person .	Area Cod	e & Daytime Telephone Number
Enclosed is a check fo	r the following amount made pa	ayable to the Florida Depar	tment of State:
☐ \$35 Filing Fee	□\$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)
Ame Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Divisior Clifton	address nent Section n of Corporations Building tecutive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation

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JACKS R	OOF BRITE, IN) <u>C. </u>	
(Name of Corporation	as currently filed with the Florida Dept	. of State)	
P980000	12782		
	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation ad	lopts the following amendn	nent(s) to
A. If amending name, enter the new name of the corp	ooration:		
		The ne	?w
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the al	"Inc," or "Co". A professional corpora	orated" or the abbreviation	on
B. Enter new principal office address, if applicable:			-
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		20 57 5 20 57 5 20 57 5 20 57 5 20 57 5 20 57 5	S AUG 27 ANI
D. If amending the registered agent and/or registere new registered agent and/or the new registered or		ne of the	• 6 • 6
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
New Neglatered Office 71dia cas.	(City)	(Zip Code)	-
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	am familiar with and accept the obligation	s of the position.	
Signa	ture of New Registered Agent, 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 = ChiefExecutive 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>		
\underline{X} Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	nith_		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	T		MICHAEL	CUEBAS	18 LEWISDALG LN
Add					PALM COAST FL 32137
Remove					
2) Change	P		ARSENIA	WON6	18 LEWIS DALELN
Add -					PALM COAST FL 3213'
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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f an amendment provides for an ex- provisions for implementing the am	rendment if not con	tained in the amend	ment itself:	
provisions for implementing the time				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				

The date of each amendment(s) adoption: \(\sumeq \text{Uugust 27 2018} \) late this document was signed.	, if other than the
Effective date if applicable:	
(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.	If not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
Dated Ougust 27 2018 Signature Algung of the colliner of directors or officers have not been	
Dated	
SignatureALWONGS	
(By a director, president of 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)	
ARSENIA WONG	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	