# V58189

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# COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Conway RoFing Company
DOCUMENT NUMBER: $\sqrt{58.68}$
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Conway Rothy  Firm/ Company  Address  Sarrason  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristen Cole at 941 362-7643 8 888 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation of

Convo	100%	. <u> </u>		Pany (See )		<u>.</u>
(Name of Cor	ration as currently	Tiled with th	<u>e Fiorida Dep</u>	<u>t. 01 State</u> )		
	V 201	07	'C1			
()	Document Number of (	Corporation (	ii known)			
rsuant to the provisions of section 607.1006, I Articles of Incorporation:	Florida Statutes, this F	lorida Profit	Corporation a	dopts the foll	owing amendn	nent(s) to
If amending name, enter the new name of	the corporation:		•	-	•	
me must be distinguishable and contain the	e Con-	Tract	7200	En	C. The ne	·14°
me must be distinguishable and contain th	e word "corporation,	"company	, or "incorp	orated" or t	he abbreviation	0 <i>1</i> 1
"lorp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "C	io". A profe.	ssional corpor	ation name i	nust contain ti	he
ord "chartered," "professional association,"	or the appreviation - r	.zt.				
Enter new principal office address, if appl						•
rincipal office address <u>MUST BE A STREE</u>	(ADDKESS)					.4
					 (5)	38 33 S
			<del></del>	<del></del>		
Enter new mailing address, if applicable:						વાન
(Mailing address <u>MAY BE A POST OF FIC</u>	<u>E BOX</u> )				<del></del>	- 33E
					က်	7.7.A
					<b>ن</b> زن	, 19th
If amending the registered agent and/or renew registered agent and/or the new regis		ess in Florida	<u>, enter the na</u>	me of the		55
	JAMES	- 0	· -	-L - C	- T	
Name of New Registered Agent		<u>,                                     </u>	· •	<u> </u>	۱۱۲ کم	~75~
<u>-</u>	3209	<u>ىل د</u>	uple	e 0/	> ~^^	~3 2.47
	(Florida stree	et address)				J (
New Registered Office Address:	<u> </u>			_, Florida		-
	(C	City)			(Zip Code)	

Signature of New Registered Agost, 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 = 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.

Example: X Change	PT	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s		
1) Change	<u></u>	Michae	el C. Con	NAM 8403	Leona are	`
X_ Add				Nonth	port FC 19	Ö
Remove						
2) Change						
Add						
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3 ) Change						
Add					<del></del>	
Remove						
4) Change					<del></del>	
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5) Change					<del></del>	
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6)Change	<del></del>					
Add					<del></del>	
Remove						

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<del></del> -			
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f an amendment provides for an exch	ange, reclassifica	tion, or cancella	tion of issued	l shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not cor	tained in the an	rendment itse	<u>lf:</u>	
(if the applicable, indicate 1974)					
		<del></del>		<del></del>	
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				•	
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The date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
ffective 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, the locument's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	,
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stands to be separately provided for each voting group entitled to vote separately on the amendment(s).	alement ):
"The number of votes cast 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 share action was not required.	cholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated	
Signature O	
Signature (By a frector, president or other officer – indirectors or officers have not	been
selected, by an incorporator - if in the hands of a receiver, trustee, or othe	r court
appointed fiduciary by that fiduciary)	
James O. Johnso	n Jr
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>