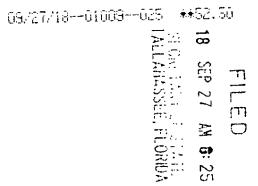


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SEP 2 8 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Conway Roofing Contractors DOCUMENT NUMBER: V 58189
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 Root Contractors Firm/Company Address Sarasot CL 3437 City/ State and Zip Code Conway Soft Room Contractors E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Cole at (941) 363-7642. 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) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status 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 to

•	Articles of Inco	rporation		
	of		(· -	
Coau	12 1/32	1-12	Con	(ractors
(Name of Corp.	oration as currently	filed with the F		
VC	2,09	-		
<u>v </u>	<u>> 1 </u>			
(D	Occument Number of	Corporation (if K	nown)	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this F	lo <mark>rida Pr</mark> ofit Col	rporation adopts	the following amendment(s
A. If amending name, enter the new name of t	he corporation:			
name must be distinguishable and contain the	1 (0~	PANY		The new
name must be distinguishable and contain the "Corp" "Inc" or Co.," or the designation "C	-word "corporation,	" "company" e	or "incorporated	i" or the abbreviation
word "chartered," "professional association," or	r the abbreviation "F	.a . A projessio ² .A. "	nai corporation	name musi contain the
, , , , , , , , , , , , , , , , , , ,			•	
B. Enter new principal office address, if applie				- 00
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)			-: S -
				V 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F BOXI		•	
(Maning dans as MATERIAL TOOL OF THE	<u>. 10070</u>			
				<u> </u>
				3.5
D. If amending the registered agent and/or reg	zistered office addre	ss in Florida, en	ter the name of	th <u>e</u>
new registered agent and/or the new registe			-	
Name of New Registered Agent	-n//	P		
Name of New Registered Agent		/		
<u> </u>				<u>-</u>
	(Florida stree	et address) *		-
New Registered Office Address:			, Flor	ida
New Registered Office Address.	((Ciny)	, I IOI	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent			
I hereby accept the appointment as registered age		th and accept the	obligations of th	e position.
	-	-		
•				
			•	•
	Signature of New Reg	gistered Agent, if	changing	
	J		5 6	

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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	•
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address .
1) Change		M: Charl C. Conwar	Northport, FL34
🜠 Add			Northport, PL 340
Remove			
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			•
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Adđ			
Remove			

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: (If not applicable, indicate N/A)	issued shares,	•	(Be specific)			
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· · · · · · · · · · · · · · · · · · ·		(if not applicable, indicate N/4)	endment if not contain	ed in the amendment	<u>itself:</u>	
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date i <u>f applicable</u> :	
(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 vidocument's effective date on the Department of State's records.	vill 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 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)	
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 9/24/18	
Signature (Backrector, president or other officer of 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)	
James D. Johnson	7
(Typed or printed name of person signing)	
$\mathbb{Q}_{\mathbf{a}}$	
(Title of person signing)	
(Title of person signing)	