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COVER LETTER

jr.

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Lifetime Fence JAC
DOCUMENT NUMBER: P0200014531
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christing Dickerson Name of Contact Person Lifetime Fence Inc Firm/Company
Name of Contact Person
Lifetime Fence Inc
Firm/ Company
899 E. Lehigh DI
Address
DC 1 + UNG 7 3 2 7 3 8 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lewis Dickerson at (366) 804 6814 Name of Contact Person Area Code & Daytime Telephone Number
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

14 DEC 16 PM 2: 32 Name of Corporation as currently filed with the Florida Dept. of State) 2,0000 145 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co..," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Lewis Dickerson 871 S. CLAVICS (CLAVE Beall Blod)
(Florida street address)

New Registered Office Address: Debay F/ Florida 32713
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agents. I am familiar with and accept the obligations of the position.

Signature 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, nar	me, 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> <u>Mike</u>	Mike Jones				
X Add	SV Sally	y Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	<u></u>	Christias Dickerson	899 Z. Leligh Or Deltons El			
Remove			32738			
2) Change	P	Lewis Dickerson	899 E Lehigh Do Deltong Fl			
Add Remove			32738			
3) Change						
Remove						
4) Change						
Remove						
5) Change Add						
Remove						
6) Change						
Remove						

Attach additional sheets, if	necessary).	(Be specific)			
** *					
				 	
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f an amendment provides	for an excha	nge, reclassific	ation, or cance	llation of issued s	ares,
provisions for implement	<u>ing the ameno</u> icate N/A)	ment it not co	ntained in the	amendment itselt:	
(if not applicable, indi					
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The date of each amendment(s) adoption:	SECRETARY OF STATE DIVISION OF CORPORATION ther than the 14 OEC 16 PM 2: 32 I file date)
Adontion of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the characteristic for a small product of the characteristic for a small pr	or the amendment(s)
by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a "The number of votes cast for the amendment(s) was/were sufficient for approva	mendment(s);
by(voting group)	
(voting group) The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	tion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and shareholder
Signature (By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, treappointed fiduciary by that fiduciary)	
Christing Dickerion (Typed or printed name of person s President (Title of person signing)	igning)
President (Title of person signing)	