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(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name)	
(Document Number)			
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FILING CANCELLED RETURNED CHECK

DIVISION OF CORPORATIONS

FEB 1 2 2016 C McNAIR

COVER LETTER

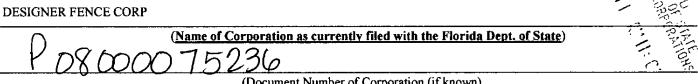
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DESIGNER FENC	CE CORP				
DOCUMENT NUMBER: POSOCO	00 152 36				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.				
Please return all correspondence concerning this mat	tter to the following:				
MADELEYNE SANTIAGO					
	Name of Contact Persor				
DESIGNER FENCE CORP		•			
	Firm/ Company				
2600 SW 53RD AVE					
<u></u>	Address				
WEST PARK FL 33023					
	City/ State and Zip Code	9			
DESIGNERFENCE@GMAIL.CO	М				
E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, pleas	se call:				
MADELEYNE SANTIAGO	at (7010950			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

FILING CANCELLED RETURNED CHECK articles of Amendment to

Articles of Incorporation of



nt(s) to

(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this tits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
DESIGNER FENCE AND REMODELING CORP	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2600 SW 53 all
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2600 SW 53 ave West Park FL 33023
C. Enter new mailing address, if applicable:	01.00 SUL 5201M
(Mailing address MAY BE A POST OFFICE BOX)	2600 SW 53 ave West Park PL 33023
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	
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, 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 <math>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.

X Change	<u>PT</u>	John Doe	FILING CANCELLED	
X Remove	<u>V</u>	Mike Jones	RETURNED CHECK	
X Add	<u>sv</u>	Sally Smith	TETOTA ED CILCIA	
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change				
Add			• • • • • • • • • • • • • • • • • • • •	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			 	
6) Change				_
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	RETURNED CHECK
<u> </u>	

If an amendment provides for an exchange, reclassification, or cance provisions for implementing the amendment if not contained in the	ellation of issued shares, amendment itself;
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	FILING CANCELLED	
Effective date <u>if applicable</u> :	RETURNED CHECK (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, State's records.	this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendapproval.	iment(s)
	e shareholders through voting groups. The following s g group entitled to vote separately on the amendment(s	
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by(voi	ting group)	
	board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and sharehol	der
selected, by an inco appointed fiduciary	sident or other officer – if directors or officers have no orporator—if in the hands of a receiver, trustee, or oth by by that fiduciary) YNE SANTIAGO	
	(Typed or printed name of person signing)	
PRESIDEN	NT	

(Title of person signing)