## P14000018578

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DIVISION OF CORPORATIONS

V HERRING MAY 1 9 2017

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Fence Central, Inc				
DOCUMENT NUMBER: <u>P14000018578</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael Spallone Name of Contact Person				
Fence Central Inc				
5880 Lucerne Park Rd				
Winter Haven Fl 33881 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mile Spallone at (863) 353-2633  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)  Certificate of Status  Certificate of Status (Additional Copy is enclosed)				
Mailing Address  Amendment Section  Amendment Section				

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to **Articles of Incorporation**



Fence Central,	10 C 2017 HAY 15 PH 3: 46
(Name of Corporation as currently i	filed with the Florida Dept. of State)
P1400001	8578
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flattactures</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5880 Lucerne Park RD
(Principal office address MUST BE A STREET ADDRESS)	Winter Haven, FL 338
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5880 Lucerne Park RD Winter Itauen, FL 33881
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
5880 Lucer (Florida stree	ne Park Rd
New Registered Office Address: U)nter H	City), Florida 33881 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Pa	spistered 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 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:	, and butly birthin, br as an rida.			
X Change	PT John Doc			
X Remove	V Mike Jones			
X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u> <u>Name</u>		Address	
1) Change	P mich	uel Spallone	5880 Lucerne	ParkRd
Add	# address on	y being	5880 Lucerne Winter Haven	F1 3388
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
•	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
PAUICIANC TAP IMPLEMENTING THE COMP	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, it other than date this document was signed.
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 not be listed as document's effective date on the Department of State's records.
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)
(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 5/11/17
Signature 3
(By a director, president or 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)
(Typed or printed name of person signing)
President
(Title of person signing)