(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles leaders the age to Siling Office
Special Instructions to Filing Officer:

Office Use Only



800260373848

05/21/14--01022--005 **35.00

C. LEWIS JUN 4 2014 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

JES CORP						
2						
bmitted for filing.						
tter to the following:						
Name of Contact Person	n					
Firm/ Company						
909 SW 10TH DRIVE						
Address						
POMPANO BEACH FL 33060						
City/ State and Zip Cod	e					
LCOM						
	notification)					
·						
e call:						
_{ar (} 754	, 204-4340					
Area Co	de & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
,						
☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Street	Address					
Amendment Section						
Division of Corporations						
Clifton Building 2661 Executive Center Circle						
	Firm/ Company RIVE Address CH FL 33060 City/ State and Zip Cod I.COM The defor future annual report The call: The call: The call of the Florida Depart The Company Area Company The Company Area Company The Company Area Company The Company Area Company The Company					

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

14 MAY 21 AM 9: 56

SECRETARY OF STATE TALLAHASSEE, FLORICLE

J & K FENCES CORP

(Name of Corporation as current	ly filed with the Flo	rida Dept. of State)		-
P14000040842				
(Document Number	r of Corporation (if l	known)	<u> </u>	-
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation add	opts the followin	g amendment(s) t
A. If amending name, enter the new name of the	e corporation:			The way
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "C	o". A professional corporal		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
			_	-
D. If amending the registered agent and/or regi	stered office addre	ss in Florida, enter the nam	e of the	-
new registered agent and/or the new register		,		
Name of New Registered Agent		-		
	(Florida stree	t address)		
New Registered Office Address:		, Florida		
ren registered bytte right ess.	(City)	, r tortua	(Zip Code)	-
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	<mark>Registered Agent:</mark> nt. I am familiar wi	th and accept the obligations	of the position.	
G:	CVan Daniedan I.A			
Signature o _j	f New Registered Ag	eni, ij 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.

Example: X Change	<u>PT</u>	John Doc	
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	P	KELLIN J SOSA	909 SW 10 DR
Add			POMPANO BCH FL 33060
Remove			
2) Change	<u>P</u>	KELLYN J SOSA	909 SW 10 DR
✓ Add			POMPANO BCH FL 33060
Remove			***
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
(Attach adamona sneets, y necessary).	(ne specific)
	
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	
· · · · · · · · · · · · · · · · · · ·	
·	



The date of each amendmen	t(s) adoption: 05/16/2014	14 MAY 21		, if other than th
date this document was signed	.	SECKETAR	Y OF SIMIL SEE, FLORIDA	
Effective date if applicable:	05/16/2014	TALLAHADE	String Distri	
	(no more than 90	days after amendment j	île date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The rere sufficient for approval.	number of votes east for	the amendment(s)	
	re approved by the shareholders throu ed for each voting group entitled to vo			
"The number of vote	s cast for the amendment(s) was/were	sufficient for approval		
by			••	
.,	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the board of directors v	vithout shareholder action	on and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators witho	out shareholder action ar	id shareholder	
Dated_05/*	16/2014			
	V1 - 8			
Se	By a director, president or other office elected, by an incorporator – if in the ppointed fiduciary by that fiduciary)			
	KELLYN J SOSA			
	(Typed or pri	inted name of person sig	gning)	
	PRESIDENT			
	(Title	e of person signing)		