## P1500017417

| (Ře                                     | equestor's Name)   |             |  |
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| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | usiness Entity Nar | me)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificate:     | s of Status |  |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORA           | ATION: XTREME FENCE                         | OF FLORIDA INC.  |  |  |
|---------------------------|---|--|--|--|
| DOCUMENT NUMBI            | ER:   |  | <del></del>  |  |
| The enclosed Articles of  | f Amendment and fee are su                  | bmitted for filing.  |  |  |
| Please return all corresp | ondence concerning this ma                  | tter to the following:   |  |  |
| (                         | CHARLES ROBERTS                             |  |  |  |
| _                         | •   | Name of Contact Person   | n  |  |
| >                         | XTREME FENCE OF FLORIDA INC.                |  |  |  |
| _                         |   | Firm/ Company  |  |  |
| 3                         | 3700 NW 124TH AVE, SUITE 110                |  |  |  |
| _                         | Address                                     |  |  |  |
| (                         | CORAL SPRINGS, FL 33065                     |  |  |  |
| _                         |   | City/ State and Zip Cod  | e  |  |
| CHAR                      | LESALLFENCING@GMA                           | JL.COM   |  |  |
|                           | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |
|                           |   |  |  |  |
| For further information   | concerning this matter, pleas               | se call:   |  |  |
| CHARLES ROBERTS           |   | 361<br>at (  | 250-2070   |  |
| Name of Contact Person    |   | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check for   | the following amount made                   | payable to the Florida Depa  | artment of State:  |  |
| S35 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           |   |  | Address  |  |
|                           | dment Section on of Corporations            | Amendment Section Division of Corporations                         |  |  |
|                           | Box 6327                                    |  | Building   |  |
|                           | assee, FL 32314                             |  | xecutive Center Circle   |  |

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

## FILED

2019 JAN 17 PM 3: 31

| XTREME FENCE OF FLORIDA INC.  |   | 2010 OWE 11 TH 3: 34   |
|---|---|--|
| (Name o   | of Corporation as currently filed                               | with the Florida Dept. of State) 4 "   |
| P15000017417  |   | RELAHASSEE, FLUGIA   |
| <del></del>   | (Document Number of Corpo                                       | ration (if known)  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:                     | 1006, Florida Statutes, this Florida                            | Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new na   | nme of the corporation:   |  |
|   |   | The new  |
|   | ation "Corp," "Inc," or "Co". Z                                 | ompany," or "incorporated" or the abbreviation<br>A professional corporation name must contain the |
| B. <u>Enter new principal office address,</u><br>(Principal office address <u>MUST BE A S</u> |   |  |
| C. Enter new mailing address, if appli  | <u> </u>  | *18  |
| (Mailing address <u>MAY BE A POST</u>   | OFFICE BOX)   |  |
|   | <del></del>   |  |
|   |   |  |
| D. If amending the registered agent an  |   | Florida, enter the name of the   |
| new registered agent and/or the new   |   |  |
| Name of New Registered Agent  | ADRIAN MIDDLETON, ESQ.  |  |
|   | 1469 MARKET STREET  |  |
|   | (Florida street addr  | ess)   |
| New Registered Office Address:  | TALLAHASSEE   | . Florida 32312  |
|   | (City)  | (Zip Code)   |
|   |   |  |
| · · · · · · · · · · · · · · · · · · ·   |   |  |
| New Registered Agent's Signature, if call thereby accept the appointment as regist            | hanging Registered Agent:<br>ered avent. I am familiar with and | l accept the obligations of the position   |
|   | 1   | , accept the constant of the point of  |
|   | $\mathcal{A}$   |  |
|   |   | >  |
|   | Signature of New Registere                                      | ed 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: $\underline{X}$ Change | <u>PT</u> | John Doe        |                         |
|---------------------------------|-----------|-----------------|-------------------------|
| X Remove                        | <u>V</u>  | Mike Jones      |                         |
| <u>X</u> Add                    | <u>sv</u> | Sally Smith     |                         |
| Type of Action<br>(Check One)   | Title     | <u>Name</u>     | Address                 |
| I)Change                        | D         | NIKOLAS STAMEY  | 740 NW 18TH ST.         |
| XX Add                          |           |                 | APT. 102                |
| Remove                          |           |                 | MARGATE, FL 33063       |
| 2) Change                       | D         | KATHRINE WARREN | 11906 W. SAMPLE RD.     |
| XX Add                          |           |                 | CORAL SPRINGS. FL 33065 |
| Remove                          |           |                 |                         |
| 3) Change                       |           |                 |                         |
| Add                             |           |                 |                         |
| Remove                          |           |                 |                         |
| 4) Change                       |           |                 |                         |
| Add                             |           |                 |                         |
| Remove                          |           |                 |                         |
| 5) Change                       |           |                 | <u> </u>                |
| Add                             |           |                 |                         |
| Remove                          |           |                 | <del></del>             |
| 6) Change                       |           |                 |                         |
| Add                             |           |                 |                         |
| Remove                          |           |                 |                         |

| Attach <i>additional sheets, if n</i>  | itional Articles, enter<br>necessary). (Be spec | rific)                 |                          |                                       |
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| f an amendment provides t  | for an exchange, rec                            | assification, or cance | ellation of issued share | <u>:S<sub>1</sub></u>                 |
| provisions for implementing (if not applicable, indicable, indicab | ig the amendment if                             | not contained in the   | amendment itself:        |                                       |
| (9 ποι αμγιισαίνε, παιο  |   |                        |                          |                                       |
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|  | 1/14/2019  |  |
|--|--|--|
| The date of each amendment(s) adoption   | ;  | , if other than the                                  |
| date this document was signed.   |  |  |
| 1/17/19  |  |  |
| Effective date <u>if applicable</u> :  | (no more than 90) days after amen  | lment file date)                                     |
| Note: If the date inserted in this block do document's effective date on the Department  |  | ng requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |  |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient   |  | east for the amendment(s)                            |
| ☐ The amendment(s) was/were approved be must be separately provided for each verified.   | by the shareholders through voting groups<br>offing group entitled to vote separately on                                 |  |
|  | amendment(s) was/were sufficient for ap  | proval   |
| by   | (voting group)   |  |
| ·  | (voting group)   |  |
| <ul><li>☐ The amendment(s) was/were adopted by action was not required.</li><li>☐ The amendment(s) was/were adopted by</li></ul> |  |  |
| action was not required.   |  |  |
| 1/17/2019<br>Dated   |  |  |
| Signature  |  |  |
| selected, by an  | president or other officer – if directors of<br>incorporator – if in the hands of a received<br>ciary by that fiduciary) |  |
| CHAR   | LES ROBERTS  |  |
|  | (Typed or printed name of person sig   | ning)  |
| R  | esident  |  |
|  | (Title of person signing)  |  |