## P11000063280

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R. WHITE

JUN 0 4 2018

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: 6REAT WHITE FENCE COMPANY OF FLORISA, IN
DOCUMENT NUMBER: P160000 63280
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NICHOLAS JOSEPH  Name of Contact Person
NICHOLAS JOSE-PH  Name of Contact Person  GREAT WHITE FONCE COMPANY OF FLORISA, INC  Firm/ Company  1909 AMACFI CT
1909 AMALFI CT
Address $ \begin{array}{ccccccccccccccccccccccccccccccccccc$
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicrfolds Joseph at 904 392, 9999  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

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation of

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GREAT WHITE FENCE COMPAN	by filed with the Florida Dent of State)
P16000063280	iy mea wat the Florida Dept. of State
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	_N/_A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address:  Name of New Registered Agent NICHOLAS	S: LAST NAME
	•
1907 HMM	CFI CT reel address)
New Registered Office Address: ST AUGUST	7/NE , Florida 32092
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  Signature of New I	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	DOMINICK JOSEPH	1909 AMACFI CT ST AUGUSTINE
X Add			ST AUGUSTINE
Remove			FL 3209Z
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
17-111C11C			

	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
	1
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****	
If an amendm	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
(if not ap	oplicable, indicate N/A)
	Y/A
	Y/A-
<del></del>	

	, if other than the
date this document was signed.	
Effective date if applicable: 5-19-2018  (no more than 90 days after amendment file date)	
(no more inan 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment( by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east 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 shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5-18-2018 Signature	
Signature  (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 cou	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person figning)	
PRESIDENT	
(Title of person signing)	