P17000099360

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SECRE JALLES STATE

of 4/15/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Fences Unlimited,	Inc.	
DOCUMENT NUM	P17000088260		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Charles C. Jones, II Esq.		
		Name of Contact Person	1
	Jones, Haber & Rollings		
		Firm/ Company	
	1633 SE 47th Terrace		
	-	Address	•
	Cape Coral, Florida 33904		
		City/ State and Zip Code	e
	jones@joneshaberlaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	239	542-0700
Name	of Contact Person	at (Area Co-	de & Daytime Telephone Number
	or the following amount made		
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)
An Di P.C	nailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 MAR 30 AM 9: 14

Fences Unlimited, Inc.		SECOLA CONTRACTOR
(Name	of Corporation as currently	filed with the Florida Dept. of State
P17000088260		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		504 NW 5th Street
		Cape Coral, Florida 33993
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		504 NW 5th Street
· · · · · · · · · · · · · · · · · · ·		Cape Coral, Florida 33993
D. If amending the registered agent as new registered agent and/or the ne		
Nathanicl Wright Name of New Registered Agent		
Traine of New Negatierea rigera	1223 NW 13th Street	
	(Florida stre	ret address)
New Registered Office Address:	Cape Coral	Florida 33993
New Negisterea Office Hadress.	((City) (7.ip Code)
New Registered Agent's Signature, if o	hanging Registered Agent:	other description of the marketing
I hereby accept the appointment as regis	tered agent. I am familiar w	eith and accept the obligations of the position.
Nai	- Wu	
	Signature of New Re	egistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u> 11 </u>	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	<u>Addres</u> s
1) Change	P/TR	MATTHEW S. SINCLAIR	329 NE 3rd Avenue
Add			Cape Coral, Florida 33909
Remove 2) Change	P/D	Jorge Luis Gonzalez	504 NW 5th Street
X Add			Cape Coral, Florida 33993
Remove 3) Change	VP/D	Nathaniel Wright	1223 NW 13th Street
X Add			Cape Coral, Florida 33993
Remove 4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

waamona, onooio, y moodaar)	Articles, enter change(s) here: v). (Be specific)	
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f an amendment provides for an e	xchange, reclassification, or cancellation	of issued shares
provisions for implementing the a	mendment if not contained in the amendr	nent itself:
(if not applicable, indicate N/A))	
		

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March 22, 2022	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
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, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	ntement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not be	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	court
(Typed or printed name of person signing)	
Dreoident	
(Title of person signing)	