## P18000001122

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I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CLAY HOWAYA FENCINA, INC
DOCUMENT NUMBER: 28000001122
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Clay Howard  Name of Contact Person  Clay Howard Fencing, Inc.  Firm/ Company  Address  Address
City/ State and Zip Code  City/ State and Zip Code  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
A
Name of Contact Person  at (S(3)) (073-2872)  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallanassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301



November 30, 2018

ROBERT CLAY HOWARD CLAY HOWARD FENCING, INC. P.O. BOX 1943 LA BELLE, FL 33975

SUBJECT: CLAY HOWARD FENCING, INC.

Ref. Number: P18000061122

We have received your document for CLAY HOWARD FENCING, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 218A00024504

## Articles of Amendment

to

Articles of Inc	orporation
Name of Corporation as currently	Fencino Inc., v filed with the Florida Dept. of State)
7) SCOC	00101122
(Document Number 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:	
n\a	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>nla</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla IIII
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	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	: with and accept the obligations of the position.
Signature of New 1	Registered 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:	, una our	y Dintal, Or as all reads	
Example: X Change	<u>PT</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	Address 15 a C 0 0 10 1
1) Change	<u>V</u>	- Ryan C. Howard.	2028 OR 78W
Add Remove		' 	33975
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

Attach additional sheets, if necessary).				
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f an amendment provides for an excl	nange, reclassification	on, or cancellati	on of issued shar	es,
provisions for implementing the ame	ndment if not conta	ined in the ame	ndment itself:	
(if not applicable, indicate N/A)				
(ly not applicable, indicale IVA)				
			<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.	f votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	g groups. The following statement ately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficien	t for approval
by	·
(voting group)	
The amendment(s) was/were adopted by the board of directors without shaction was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
Dated WOVEMBER 27, 2	-018
Signature Court House	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	
(Typed or printed name of po	thward error signing)
(Typea or printed name or pr	]
Presid	ent
(Title of person	signing)