P1800061122

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DEC 2 8 2018
T. LEMIEUX



<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CLAY HOWAYA FENCING, INC. DOCUMENT NUMBER: P180000(4)122
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 Fending, Inc. Firm/ Company Address La Belle Fl. 33975 City/ State and Zip Code Clay howard Fending Agmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (Sto3) 13-2872 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Clay Howard	fencina, Incilis
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> </u>	001122 2018 DEC 18 50 110
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
κ/κ	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	nla
C. D. W. Harry W. and Karkley	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n la
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent n l	
(Florida stree	t 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 wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	\bigvee	- Ryan C. Howard	2028 CR 78W
Add Remove		,	10 PEIR, PL 33975
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			,
Remove			
5) Change			
Add			
Remove			
6) Change	- -		
Add			
Remove			

If amend	ling or adding a dditional sheets,	if necessary	cles, enter cha	inge(s) here:			
(Anach ac	aattional sneets, V	necessury).	(De specific)	•			
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If an am	endment provi	des for an excl	nange, reclassi	fication, or ca	ncellation of i	ssued shares,	
provisio	ons for implement	enting the ame	ndment if not	contained in t	the amendmen	it itself:	
(97							
	nla	· · · · · · · · · · · · · · · · · · ·		 			
							
			-				
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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 after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, 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 of votes cast for the amendment(s) was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sh action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareh faction was not required.	older
Dated November 27, 2018	
Signature Cong House	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of	
appointed fiduciary by that fiduciary)	
Robert C. Howar	<u>al</u>
(Typed or printed name of person signing)	
President	
(Title of person signing)	