

N 32859

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Space Coast Chapter of NSPI, Inc.

DOCUMENT NUMBER: N32859

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Webber

(Name of Contact Person)

Florida Swimming Pool Association

(Firm/ Company)

1718 Main St Ste 303

(Address)

Sarasota FL 34236

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Robin Webber

(Name of Contact Person)

at (941) 952-9293

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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☐ \$52.50 Filing Fee
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Mailing Address

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

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

DEC 06 2004

04/01/05

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

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Florida Swimming Pool Association - Space Coast Chapter, Inc.

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(continued)

The date of adoption of the amendment(s) was: Dec 11, 2004

Effective date if applicable: 1/01/2005
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 12th day of December, 2004.

Signature

[Signature]
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ROBERT H. JOHNSON JR
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35