P19000055114

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Americans Commo	ercial Pool Service Inc					
DOCUMENT NUM	1BER: P19000055114	<u> </u>					
	s of Amendment and fee are su	bmitted for filing.					
Please return all corr	espondence concerning this ma	tter to the following:					
	Bernard Ribordy						
		Name of Contact Persor	1	-			
	Ribordy and Associates Inc						
		Firm/ Company	_	_			
	8780 Seminole Blvd						
	Address						
	Seminole, FL 33772						
	City/ State and Zip Code						
		•					
	brib165259@aol.com						
	E-man address. (to be da	sed for future annual report	nonneations				
For further informati	on concerning this matter, pleas	se call:					
Bernard Ribordy		at (<u>727</u>	397-9200	· ·	2022 1000		
Name of Contact Person		at (727) 397-9200 Area Code & Daytime Telephone Number		er_ '	÷ :		
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment of State:		(3.2		
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)		11 a3		
	ailing Address		Address				
	nendment Section	Amendment Section Division of Corporations					
	vision of Corporations O. Box 6327		entre of Tallahassee				
• • •							

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Americans Commercial Pool Service Inc

(Name of Corporation a	as currently filed with the Florida Dept. of State)	
P19000055114		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida State Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following	g amendment(s
A. If amending name, enter the new name of the corpo	oration:	T.
	oration," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contaition "P.A."	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
). If amending the registered agent and/or registered	office address in Florida, enter the name of the	72
new registered agent and/or the new registered offi		٠, ١
Name of New Registered Agent		
		 :
	(Florida street address)	<u>-</u>
New Registered Office Address:	, Florida	. ယိ
	(Zip)	Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the position.	
Signatur	re of New Registered 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)

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Kimberly D Nistor	17863 Sailtish Dr
x Add			Lutz, Florida 33558
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	·		
Add			
Remove			

	ts, if necessary). (1					
ng additional owner						
 						
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an amendment prov	vides for an exchan menting the amend	<u>ge, reclassificat</u>	ion, or cancella	tion of issued sh	ares,	
if not applicable.	nienting the amendi . indicate N/A)	ment ii not con	tained in the an	ienament <u>tesen.</u>		
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	8/19/2022	
The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
8/19/20:	22	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will nortment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	yed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
8/19/2022		
Dated		
1		
Signature	My Mount	
(By a direc	nor, president or other officer - if directors or officers have not been	
selected, b	by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
Со	ody Haberman	
	(Typed or printed name of person signing)	
Pro	esident	

(Title of person signing)