## P96000022217

	(Requestor's Name)
	(Address)
<del></del>	(Address)
(	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
. (	Business Entity Name)
(	Document Number)
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R. HUNT 06/15/25

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Towns Pool Services of NWF1
DOCUMENT NUMBER: P9600022217
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DIANA HALL Name of Contact Person
2860 WINNERS CIRCLE DR
NAVARRE F-L 32566  dity/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (850) 585 - 2579 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## **Articles of Amendment**

to

Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State)  P96000 2221  (Document Number of Corporation (if known)			
(Document Number of Corporation (if known)			<del></del>
the definition of Corporation (is known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing	amen	dment(s) t
A. If amending name, enter the new name of the corporation:			
HALL PAYROLL = ACCOUNTING SERVICE	٤3	- کی پر <u>د</u>	エル
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevillo,," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	ation	"Cor	rp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3	<u></u>
	. :	<u> </u>	_ ,
	<u>.</u>	JT.	1
C. Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE HOY)	registered agent and/or registered office address in Florida, enter the name of the igent and/or the new registered office address:		
(Maning dualess MAT BE A TOST OF THE BOX)	ביי. ביי	<u></u> ယ	<b>-</b> 0
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address: , Florida			
<del> </del>	ip Co	de)	_
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 positi	on.		
, and accept the vonigations of the positi			
Cinnature of Many Description 1 Course 16 June 1			
Signature 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)

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>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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<del></del>
Remove			
2) Change		_	
Add			يان (رسائد پانوسو کا
Remove 3 ) Change		<u> </u>	<u>i.a.                                   </u>
Add			02 FL
Remove			
4) Change	-	_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		02	
If an amendment provides for an exchange, reclassification, or cancellation of issued	d shares,		
provisions for implementing the emandment if not contained in the emandment its	elf:		
provisions for implementing the amendment if not contained in the amendment itse			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)		<del></del>	_
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			_
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) add	option:		_, if other that
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 blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will t	not be listed a
Adoption of Amendment(s)	(CHECK ONE)		
the amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sharehold	der action and s	hareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amen ficient for approval.	dment(s)	
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(		
	or the amendment(s) was/were sufficient for approval		
by	(voting group)	- E - 5	1
	(voting group)	Y OF	7**)
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Dated \	3/4073	FE &	չ <b>Մ</b> Տ
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Signature (By a dire	ector, president or other officer – if directors or officers have no	t haan	_
selected,	by an incorporator - if in the hands of a receiver, trustee, or oth		
appointed	d fiduciary by that fiduciary)		
	DIANA HALL		
_	(Typed or printed name of person signing)		<del></del>
	UP SECRETARY		
_	(Title of person signing)		