378175

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ALL-POOL SERVICE & SUPPLY, INC. DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LINTON, S STONE Name of Contact Person OUTSOURCE OPTION LLC Firm/ Company 4415 EDGEWATER DRIVE Address ORLANDO, FLORIDA 62804 City/ State and Zip Code STONE@ALLPOOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 493-7928
Area Code & Daytime Telephone Number LINTON, S STONE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

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

☐\$43.75 Filing Fee &

Certificate of Status

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enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐\$52.50 Filing Fee

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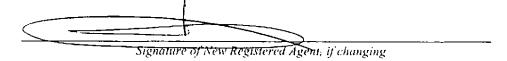
is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation

ALL-POOL SERVICE & SUPPLY, INC.

(<u>Name c</u>	or Corporation as curri	ently filed with the Florida Dept	. or State
378175			
	(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, t	his <i>Florida Profit Corporation</i> ad	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>:</u>	
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co"	. A professional corporation no	or the abbreviation "Corp.," une must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
			202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent ar new registered agent and/or the new			ne of the C
Name of New Registered Agent	LINTON, S STONE New Registered Agent		
	4415 EDGEWATER D	DRIVE	
	(Floride	a street address)	
New Registered Office Address:	ORLANDO		, Florida
		(City)	(Zip Code)



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>	<u>Name</u>	<u>Addres</u> s
1) Change	S	BLUDSWORTH, STEVÉN K	4415 EDGEWATER DR
Add			ORLANDO. FLORIDA 32804
X Remove			
2) Change	P	BLUDSWORTH, STEVEN K	4415 EDGEWATER DR
Add			ORLANDO, FLORIDA 32804
X Remove	Т	BLUDSWORTH, STEVEN K	4415 EDGEWATER DR
Add	-		ORLANDO, FLORIDA 32804
X Remove		LINETON COTONE	AALE EDGEWATER IND
4) Change	<u>S</u>	LINTON, S STONE	4415 EDGEWATER DR
X Add			ORLANDO, FLORIDA 32804
Remove 5) Change	Р	LINTON, S STONE	4415 EDGEWATER DR
X Add			ORLANDO, FLORIDA 32804
Remove			
6) Change	T	LINTON, S STONE	4415 EDGEWATER DR
X Add	-		ORLANDO, FLORIDA 32804
Remove			

	n additional sheets, if necessary). (Be specific)	
N/A		
		
		<u>=:</u>
		<u>-</u>
		<u> </u>
		_
	<u> </u>	
— —		
F. If ar	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
- · <u>- · · · · · · · · · · · · · · · · ·</u>	isions for implementing the amendment if not contained in the amendment itself:	
pro	if not applicable, indicate N/A)	
pro		
N/A		

 The date of each amendm	N/A	, if other than the
date this document was sig		, if other than the
_	N/A	
Effective date <u>if applicable</u>	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this does not the Department of State's records.	nte will not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/ action was not required.	/were adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
	/were adopted by the shareholders. The number of votes cast for the amendment is/were sufficient for approval.	(s)
	were approved by the shareholders through voting groups. The following statem vided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of v	otes east for the amendment(s) was/were sufficient for approval	
by	<u>, </u>	
-	(voting group)	
Dated	9/8/2020	
Signatur		
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
	STEPHAN STONE LINTON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · ·