550834

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SCOTFAM, INC	•	
DOCUMENT NUMI	BER:550834		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	JOHN C. SCOTT III		
		Name of Contact Person	1
	SCOTFAM INC. d/b/a SU	RFSIDE POOLS	
		Firm/ Company	
	545 10TH STREET SOUT	Н	
	# # ***	Address	
	JACKSONVILLE BEACH	, FL 32250	
		City/ State and Zip Code	2
	marygray@surfsidepools.ne	ય	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	904	246-2666 x111
	of Contact Person	at ()de & Daytime Telephone Number
	r the following amount made		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee
Tallahassee, Fl. 32314		2415 N	N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SCOTFAM, INC.

550834	tly filed with the Florida Dept. of S	State)
(Document Number	of Corporation (if known)	
rsuant to the provisions of section 607.1006. Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendment(s)
If amending name, enter the new name of the corporation:		
N/A		m.
me must be distinguishable and contain the word "corporation," nc.," or Co.," or the designation "Corp," "Inc," or "Co", hartered," "professional association," or the abbreviation "P.A.	A professional corporation name i	The new eabbreviation "Corp.," must contain the word
Enter new principal office address, if applicable:	N/A	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		620.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A ————————————————————————————————————	
If amending the registered agent and/or registered office add	iress in Florida, enter the name of t	he
new registered agent and/or the new registered office addres	SI	<u></u>
Name of New Registered Agent N/A		
(Florida st	reet address)	-
New Registered Office Address:	, Flori	do

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.

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
I) X Change	STD	MARY-GRAY HOLLINGSWORTH	1358 PINEWOOD ROAD
Add			JACKSONVILLE BEACH, FL
Remove			32250
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Adđ			17104
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	
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If an amendment provides for an eyeb	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame:	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than
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
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehol action was not required.	der action and shareholder
☐ 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.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
6-30-2020 Dated	
Signature	
(By a director, president or other officer – if directors or officers have no selected; by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	ot been her court
JOHN C. SCOTT III	
(Typed or printed name of person signing)	
PRESIDENT/DIRECTOR	

(Title of person signing)

the

the