583710

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300256846373

02/18/14--01053--003 **35.00



FFR 19 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bob's Pool Service, Inc.					
DOCUMENT NUMBER: 583710					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this made	tter to the following:			
	Eric Wendorf				
		Name of Contact Persor	1		
	Bob's Pool Service	e, Inc			
		Firm/ Company			
	850 E. Semoran	Blvd.			
		Address			
	Casselberry, FL 3	32707			
		City/ State and Zip Code			
lauı	rie.bobspool@yah	noo.com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
Eric Wendorf		_{at (} 407	834-7100		
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 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)		
Mai	ling Address	Street	Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	s currently filed with the Flor	ida Dept. of State)		
Bob's Pool Service, Inc.	Doc#583710			
(Documen	nt Number of Corporation (if kr	nown)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts	the following am	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
	n/A		The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corporation	d" or the abbres	viation
B. Enter new principal office address, (Principal office address MUST BE A S		21/14		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		71/A		
D. If amending the registered agent ar new registered agent and/or the new News Charles and the second seco		in Florida, enter the name of	<u>the</u>	
Name of New Registered Agent	850 E Semoran B	, ————————————————————————————————————		
	(Florida street			
New Registered Office Address:	Casselberry	, Florida 32	707	
New Registered Office Address.	(City)	, riorida	(Zip Code)	
			SECRETARY OF STA	14 FEB 18 PH 12:

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	٧	Mark A Mills	850 E Semoran Blvd
Add			Casselberry FL 32707
Remove			
2) Change	ک_	Erica Wendorf	850 E Semoran Blue
Add			Cassolbery FI 3270
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

<u>f amending or adding additional Ar</u> Attach <i>additional sheets, if necessary)</i>). (Be specific)
	n/a
	n/n
-	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an ex-	schange, reclassification, or cancellation of issued shares,
provisions for implementing the an	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	MA
	, , , , , , , , , , , , , , , , , , ,
	 · ·

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: $\frac{2}{13}$	_
Effective date if applicable: 4/13/14 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2/13/14	
Signature	
(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 court appointed fiduciary by that fiduciary)	
appointed fiddelary by that fiddelary;	
Eric M Wendorf	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

FILED

14 FEB 18 PH 12: 06

SECRETARY OF STATE

SECRETARY OF STATE