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09/28/20--01016--016 **35.00 -

NOV 04 2020 S. YOUNG

COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons		
SUBJECT: Pond	Constructors, Inc.			
	Name	e of Corporation		
DOCUMENT NU	MBER: F00000002566			
The enclosed Ame	endment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	itter to the following:		
Sarah Connor				
	Name of Contact Person			
Pond Constructors	s. Inc.			
	Firm/Company			
3500 Parkway Lar	ne, Suite 500			
-	Address			
Peachtree Corners	, GA 30092			
	City/State and Zip Code			
ConnorS@pondco	.com			
E-mail addre	ss: (to be used for future annual r	eport notification)		
For further informa	ation concerning this matter, plea	se call:		
Sarah Connor		at (748-4873		
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount:			
1\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status Certified Copy	

Mailing Address:

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

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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION 1 (1-3 MUST BE COMPLETED)

F00000002566

Signature of New Registered Agent, if changing

	(Document numb	per of corporation (if known)			
Pond Constructors, Inc.						
(Na	me of corporation as it appea	rs on the records of the Dep	artment of Sta	te)		
2. Georgia		3. 05/04/2000				
(Incorporated	l under laws of)		iorized to do b	ousiness in Flori	da)	
		SECTION II Y THE APPLICABLE CH	ANGES)			
4. If the amendment changes the national incorporation?	·	•	er the laws of	its jurisdiction o	r t	
5. (Name of corporation after the armot contained in new name of the	mendment, adding suffix "cor corporation)	poration." "company," or "i	ncorporated,"	or appropriate :	ibbrevia	ition, if
(If new name is unavailable in Flo	orida, enter alternate corporati	e name adopted for the purp	ose of transac	ting business in	Florida	.)
6. If the amendment changes th	ne period of duration, indicate	new period of duration.				
	4)	New duration)			2020 S	# · · · · · · · · · · ·
7. If the amendment changes th	e jurisdiction of incorporatio	n, indicate new jurisdiction.		(1) (2) (3) (4) (5) (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	2020 SEP 28	
	(Ne	ew jurisdiction)		11.27 (11.27) 11.27 (11.27) 11.27 (11.27)	PH 6: 51	į .
8. If amending the registered agen new registered agent and/or the			e name of the		56	
Name of New Registered Age	<u> </u>					
	(Florida	ı strect address)				
New Registered Office Addres.	<u> </u>		Florida_			
	(1	City)		(Zip Code)		
New Registered Agent's Signal I hereby accept the appointment			bligations of t	he position.		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity <u>Name</u> Address Type of Action Christopher Statham Treasurer 3500 Parkway Lane, Suite 500 ☑Add Peachtree Corners, GA 30092 **□**Remove Treasurer William Sloan 3500 Parkway Lane, Suite 500 □Add Peachtree Corners, GA 30092 **E**Remove □Add **□**Remove □Add Remove \square Add **□**Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

FILING FEE \$35.00

LOCHAINE BREEN

(Typed or printed name of person signing)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

DIRECTUR.
(Title of person signing)