

H24518

(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



300136853563

10/20/08--01040--010 **52.50

FILED

2009 OCT 20 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

[Signature]

10-23-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bob Herrold's All Seasons Swimming Pools & Spas

DOCUMENT NUMBER: H24518

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melora Downey
(Name of Contact Person)

Bob Herrold's All Seasons Pools and Spas Inc.
(Firm/ Company)

322 N Dixie Frwy
(Address)

New Smyrna Beach, FL 32168
(City/ State and Zip Code)

For further information concerning this matter, please call:

Sharon Herrold at (386) 427-9553
(Name of Contact Person) (Area Code & 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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2000 OCT 20 AM 9:25
SECRETARY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H24518

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Robert F. Herrold</u>	<u>95 Cunningham Dr</u> <u>New Smyrna Beach, FL 321</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V</u>	<u>Brandon Kirby</u>	<u>162 Crystal Oaks Dr</u> <u>Deland, FL 32720</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>Sharon Herrold</u>	<u>95 Cunningham Drive</u> <u>New Smyrna Beach, FL 321</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 10/13/2008

Effective date if applicable: 10/13/2008

(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 10/14/08

Signature Sharon Herold
(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)

Sharon Herold
(Typed or printed name of person signing)

Sec. Treasurer
(Title of person signing)