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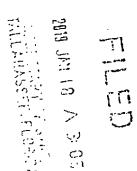
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ED'S SPAS, SOLA	AR & POOLS, INC.		
DOCUMENT NUMBI				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
I	EDWARD IANNARELLI			
_		Name of Contact Perso	n	
I	ED'S SPAS, SOLAR & POC	DLS, INC.		
_		Firm/ Company		
8	5 S WASHINGTON ST	Time company		
_		Address		2013
(DRMOND BEACH, FL 321	74		
_		City/ State and Zip Cod	e	
edspoo	ls85@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
				ر بر ج
For further information	concerning this matter, pleas	se call:		E.T.
EDWARD IANNAREI	LLI	386	677-3148	
Name of	Contact Person		/ ode & Daytime Telephone :	Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Amen Divisi P.O. I	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation	<u>1:</u>	
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address address.		
Name of New Registered Agent		
(Florid	da street address)	
New Registered Office Address:	, Florida (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		
Signature of N	ew Registered Agent, if changing	

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	V	JEREMY IANNARELLI	1048 SHOCKNEY DR
X Add			ORMOND BEACH, FL 32174
Remove			
2) Change	ST	BRENDA IANNARELLI	144 TRADEWINDS CIRCLE
X Add			SOUTH DAYTONA, FL 32119
Remove			
3) Change			
Add	···		2 2
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	6 (W	
provisions for implementing the amendment if not contained in the amendment itself:	- C1	
(if not applicable, indicate N/A)	• •	
(ij noi uppneuote, mateute NA)		
(у пог аррпсияне, такие мя)		
(1) пог аррпсиле, такие мя)		_
(у пот аррисате, такие гля)		
(у пот аррпсате, такае кля)		<u> </u>
(у погарунеавие, такие кля)		<u> </u>
у пот аррисаоле, такие мя)		
(у пог аррпсавле, таксые мя)		— —
(ly not applicable, marcule NA)		— — —
(у пот аррисаоте, таксате голя)		
(у пот аррисаоте, таксате году		——————————————————————————————————————
(у пот аррисаоте, таксате гля)		——————————————————————————————————————

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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.	
JANUARY 15, 2019 Dated	I wis buse
Signature Elward Jannaralli	Ž ,
(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)	> .i
EDWARD IANNARELLI	2,
(Typed or printed name of person signing)	
OWNER-PRESIDENT	
(Title of person signing)	