L26314

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SECRETARY OF STATE

TALLAHASSEE, FIRE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Tropicana pools in	c	
	JMBER:		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	Carl Hagerstrom		
	 	Name of Contact Persor	1
	Tropicana Pools Inc		
	 	Firm/ Company	
	2707 south crystal lake dr.	. ,	
	·	Address	
	Orlando/Florida/32806		
		City/ State and Zip Code	 9
	Carlglisan@aol.com		
	•	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call: 407 at (
Na	me of Contact Person		de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	ariment of State:
S35 Filing Fe	e S43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2021 DEC -6 PM 1:46

Tropicana Pools Inc SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Depth of Stafe) L26314 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 303 Garland Street Deltona, Fl. 32725 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 303 Garland Street Deltona, Fl. 32725 (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Glisan Carl Name of New Registered Agent (Florida street address) 303 Garland Street Deltona New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc		
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	РТ	CARL GLISAN	303 GARLAND STREET DELTO:	
XAdd				
Remove				
2) Change			_	
Add				
Remove 3) Change				
Add				
Remove				
4) Change			 -	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			_	
Add				
Kemove				

	adding additional Art l sheets, if necessary).	(Be specific)			
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f an amendmen	t provides for an exc mplementing the am	hange, reclassific	ation, or cancella	tion of issued share	<u>es,</u>
(if not appli	cable, indicate N/A)		intallica II) the all	CHOILE IL ILSC	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days afte	er amendment file date)
		•
Note: If the date inserted in this document's effective date on the		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	of votes east for the amendment(s)
	pproved by the shareholders through voting each voting group entitled to vote separ	
"The number of votes ca	st for the amendment(s) was/were sufficie	nt for approval
by		."
	(voting group)	
11/30/20: Dated Signature	edirector, president or other officer – if dir	ectors or officers have not been
selec	ted, by an incorporator – if in the hands of inted fiduciary by that fiduciary)	
	CARL GLISAN	
	(Typed or printed name of p	erson signing)
	PRESIDENT	
	(Title of person signing)	