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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORA	TION: A&G Concrete Poo	ols Inc			
DOCUMENT N			- · · ·			
The enclosed Ar	rticles of	Amendment and fee are su	bmitted for filing.			
Please return all	correspo	ondence concerning this ma	tter to the following:			
	Ja	mes Travis Leonard				
		<u> </u>	Name of Contact Person	1		
	Α	A&G Concrete Pools Inc.				
	_		Firm/ Company			
	88	380 Glades Cutoff Road				
	_		Address			
	Pe	ort St Lucie, FL 34986				
			City/ State and Zip Code	:		
	tle	eonard@angpools.com				
		E-mail address: (to be us	ed for future annual report	notification)		
For further info	rmation o	concerning this matter, pleas	se call:			
James Travis Leonard		at (at (260-2206			
1	Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a ch	eck for t	he following amount made	payable to the Florida Depa	artment of State:		
S35 Filing I	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A&G Concrete Pools Inc				
(Name o	of Corporation as currently	filed with the Florida	Dept. of State)	
L73685				
	(Document Number of	Corporation (if known))	_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporat	ion adopts the following a	mendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Corthartered," "professional association,"	lorp," "Inc," or "Co", A			
B. Enter new principal office address,				<u>.</u>
(Principal office address <u>MUST BE A S</u>	IREET ADDRESS)			
				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new			ne name of the	
Name of New Registered Agent	James Travis Leonard			
- saya y non neg sacrea ngem	8880 Glades Cutoff Road.			
	(Florida stre	et address)		
New Registered Office Address:	Port St Lucie		. Florida 34986	
New Registered Office Platiness.		City)	Zip Cod	'er
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			gations of the position.	
	Supartire of New Re	gistered Lagent if chang	ging	
	n as mme of their ne	Married and and Parties Street, 19	*****	

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.

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	PT	Arthur H. Allen	8880 Glades Cutoff Road
Add			Port St Lucie FL 34986
x Remove			
2) X Change	PD	James Travis Leonard	8880 Glades Cutoff Road
Add			Port St Lucie FL 34986
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Manamendment 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)	. <u>If amending or addi</u>	<u>ng additional Arti</u>	cles, enter chang	ge(s) here:			
provisions for implementing the amendment if not contained in the amendment itself:	(Attach additional she	ets, if necessary).	(Be specific)				
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(if not applicable, indicate N/A)	provisions for impl	ementing the ame	ndment if not co	ontained in the	amendment its	<u>elf:</u>	
	(if not applicabl	le, indicate N/A)					
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The date of each amendment(s) add	pption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this blo document's effective date on the Dep	sek does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the an ficient for approval.	nendment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendme	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	•	
•,	(voting group)	
selected:	ector president or other officer - if directors or officers have by an incorporator - if in the hands of (receiver, trustee, or d fiduciary by that fiduciary) (Typed or printed name of person signing)	
-	(Title of person signing)	