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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _CHARLOTT!	E HARBOR CHAPTER OF N	SPI. INC.
DOCUMENT NUMBER: N24328		
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Mitch Brooks		
. (Name	of Contact Person)	
FSPA-Charlotte Harbor Cha	10	
(HI	rm/ Company)	
2811 Tamiami Trail, Suite 🖁	(Address)	
Port Charlotte, FL 33952	tate and Zip Code)	
For further information concerning this matter,	•	
Mitch Brooks	at (<u>941</u>) <u>764-67</u>	
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida De	partment of State:
□\$35 Filing Fee	\$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 C	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file	SPI; INC., ed with the Florida Dept. of St	tate)
-	4328	_
(Document Number of C		<u>+</u>
Pursuant to the provisions of section 617.1006, Florida ne following amendment(s) to its Articles of Incorpora		Profit Corporation adopts
a. If amending name, enter the new name of the con	poration:	
Florida Swimming Pool Association - Cl	harlotte Harbor Chapte	er Inc.
The new name must be distinguishable and contain to abbreviation "Corp." or "Inc." "Company" or "Co."		corporated" or the
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD		Pu a
		五 2 4
C. Enter new mailing address, if applicable:		% C
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		5 2
D. If amending the registered agent and/or registered		nter the name of the
new registered agent and/or the new registered o	flice address:	
Name of New Registered Agent:		<u></u>
New Registered Office Address:	(Florida street address)	
<u></u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. position.		ept the obligations of the
Signatur	e of New Registered Agent, if ch	nanging

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)

Title Title <u>Name</u> <u>Address</u> Type of Action □ Remove □ Remove Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: November 15, 2008		
Effective date if applicable:	November 15, 2008 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Signature (By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Andy Mallison (Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	