## POI 0000 61403

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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9978 (F.1.1.5) P.1.12: 5.8

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Pleasure Pools & S	Spa's Inc		
DOCUMENT NUN	P01000061403			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all con	espondence concerning this ma	itter to the following:		
	Bill Hillebrand			
		Name of Contact Person	1	
	Pleasure Pools & Spa's			
		Firm/ Company		
	PO Box 970			
		Address		
	Highland City FL 33846			
	-	City/ State and Zip Code	<u> </u>	
	pelagicpools@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Bill Hillebrand		863 at (	581-6641	
Name	of Contact Person	Area Code & Daytime Telephone Nur		
Enclosed is a check (	or the following amount made	payable to the Florida Depa	utment 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)	
Mailing Address			Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
	). Box 6327	The Centre of Tallahassee		
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PLEASURE POOLS & SPAS, INC.

[33] \*\*\* 24 PM |2: 20

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P01000061403			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
Pelagic Pools Inc	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	Pelagic Pools Inc		
(Principal office address MUST BE A STREET ADDRESS)	3639 Dovetail Lane N		
	Lakeland FL 33812		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Pelagic Pools Inc		
	PO Box 970		
	Highland City FL 33846		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida s.	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	it:		
i neveny accept the appointment as registered agent. I am jaminar	with and accept the ortigations of the position		
Signature of New J	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>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	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			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change( (Be specific)			
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an amendment provides for an excl	hange reelaccificati	on or cancellatio	n of icenad chara	o.
rovisions for implementing the ame	ndment if not cont	ained in the amer	dment itself:	<u></u>
(if not applicable, indicate N/A)				
				,

6/5/2020
The date of each amendment(s) adoption:, if other than
date this document was signed.
6/5/2020
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 not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required
☐ 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"
(yoting group)
6/5/2020
Dated
Signature
C.B. rature
(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)
Bill Hillebrand
(Typed or printed name of person signing)
President/Owner
(Title of person signing)