## P03000045455

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Splash Pool Center, Inc.
DOCUMENT NUMBER:	P03000045455
The enclosed Articles of Amendment and t	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	Virginia Fuentes
	Name of Contact Person
	Splash Pool Center, Inc.
	Firm/ Company
2	641 Executive Park Drive
	Address
	Weston, FL 33331 City/ State and Zip Code
- info a SP LAS. E-mail address: (to b	HPOOLENTER.COM e used for future annual report notification)
For further information concerning this ma	tter, please call:
Virginia Fuentes  Name of Contact Person	at ( 954 ) 868-5051  Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	ant made payable to the Florida Department of State:
□\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status  Fiun6- 1st Name w	S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy  (Additional Copy is enclosed)  OAS CETEUTED ///17/2009
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 Circle Tallahassee, FL 32301



November 17, 2009

VIRGINIA FUENTES SPLASH POOL CENTER, INC. 264\$ EXECUTIVE PARK DR WESTON, FL 33331

SUBJECT: SPLASH POOL CENTER, INC.

Ref. Number: P03000045455

We have received your document for SPLASH POOL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P08000034333 - SPLASH POOL SERVICES INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

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Letter Number: 409A00035849

Articles of Amendment  to  Articles of Incorporation of  Splash Pool Center, Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)  P0300045455  (Document Number of Corporation (if known)
to
Articles of Incorporation
of Office of the Control of the Cont
Splash Pool Center, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P03000045455
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Splash Pool Care, Inc.  The new
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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida street address), Florida
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

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
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			L Kelliove
	amendment provides for an exchange sions for implementing the amendmer		
	fnot applicable, indicate N/A)	to a not contained in the al	menument teen.

The date of each amendmen	t(s) adoption: 12/10/2009
Effective date <u>if applicable</u> :	1/1/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_12/1	0/2009
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Virginia Fuentes
	(Typed or printed name of person signing)
	Vice-President
	(Title of person signing)