P05000076029

| (Rec | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | iness Entity Nan | ne) | |
| (Doc | ument Number) | <u></u> . | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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06/20/23--01018--014 **43.75

S. ROBERTS

AUG 0 2 2023

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Five Star Pool Inc |
|--|
| DOCUMENT NUMBER: <u>P0500076079</u> |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person Five Star Pool Inc Firm/ Company 7735 97ih C+ |
| 7735 97th Ct Address Vero Beach, FL 32967 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Linda Storsberg at 772 538 7175 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certificate of Status (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

| | ration as currently filed with the Flor | ida Dept. of State) | |
|--|---|--|------------------------|
| PO 5000 | 0076029 | | |
| (Do | ocument Number of Corporation (if know | wn) | - |
| rsuant to the provisions of section 607.1006, Flo Articles of Incorporation: | orida Statutes, this Florida Profit Corpo | ration adopts the following | amendme |
| If amending name, enter the new name of the | ne corporation: | | |
| Five Stars Pool + | Spa Inc | | The new |
| Five Stavs 1001 + me must be distinguishable and contain the word nc.," or Co.," or the designation "Corp," "hartered," "professional association," or the a | Inc." or "Co". A professional corpo | oorated" or the abbreviation ration name must contain | i "Corp.," the word |
| Enter new principal office address, if applications of the principal office address MUST BE A STREET A | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | | |
| If amending the registered agent and/or reg new registered agent and/or the new register | | r the name of the WIA | |
| Name of New Registered Agent | | | 7 007 |
| | | | , <u></u> |
| | (Florida street address) | | • |
| New Registered Office Address: | | , Florida | |
| | (City) | (Zip Co | ode): |
| | | | $\ddot{\wp}$ |
| | | | 2 2 |
| | | | |
| ew Registered Agent's Signature, if changing tereby accept the appointment as registered agen | | bligations of the position. | |
| | regimered rigerin | bligations of the position. | |

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 Do | <u>oe</u> | |
|-------------------------------|--------------|--------------|-------------|-------------|
| X Remove | <u>V</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally Şr | mith | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Remove | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| amending or adding additional Articlary (lach additional sheets, if necessary). | (Be specific) | <u> </u> | | |
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| an amendment provides for an exch. | ange, reclassificatio | n. or cancellation of is | ssued shares. | |
| rovisions for implementing the amer | ndment if not contai | ned in the amendmen | nt itself: | |
| (if not applicable, indicate N/A) | | | | |
| | | | NA | |
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| The date of each amendment(s) a late this document was signed. | idoption: | , if other than the |
|---|---|--|
| _ | | · |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment f. | ile date) |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requepartment of State's records. | nirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ac action was not required. | opted by the incorporators, or board of directors without | t shareholder action and shareholder |
| ☐ The amendment(s) was/were act by the shareholders was/were s | opted by the shareholders. The number of votes cast for ufficient for approval. | the amendment(s) |
| must he separately provided fo | proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the am | |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | | |
| Dated | 6/15/23 | |
| Signature N | lirector, president or other officer – if directors or officer | |
| selecte | lirector, president or other officer – if directors or officered, by an incorporator – if in the hands of a receiver, trust ated fiduciary by that fiduciary) | |
| | TODD R DORAN (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |