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SECREPARISE PARENTS AND A SECREPARISE PARENTS OF LORIDA

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ation:K	SR Pods	Inc
DOCUMENT NUMBE		<u>P060000 99</u>	
The enclosed Articles of	Amendment and fee are so	abmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
		0 1	
		Name of Contact Perso	n
		KER Pust	15 TAC
		Firm/ Company	, , , , , , , , , , , , , , , , , , , ,
_	2	440 Bayside Address	Lake Blud SE
_	(Palm Bay F City/ State and Zin Cod	32909
		, ж	•
	E-mail address: (to be u	sed for future annual report	notification)
for further information c	oncerning this matter, plea	se call:	
Daha	a Kia.	32 1	v 952 - 7/15
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
inclosed is a check for the	he following amount made	payable to the Florida Depi	artment of State:
	_		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	☐S52.50 Filing Fee Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy is enclosed)
≰Mãiliń	g Address)	Street	Address
Amend	ment Section:	Ameno	fment Section
i Divisio	ox 6327.		on of Corporations Building
Tallah a	issee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

	of
Ks	of Pools, Inc
	currently filed with the Florida Dept. of State)
906	00009978
	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation v," or "Co". A professional corporation name must contain the viation "P,A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable:	三
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered offi	ion address in Physida, anter the passes of the
new registered agent and/or the new registered office a	
Name of New Revistered Avent	2
	orida street address)
Now Paristand Office Address	Diocido
New Registered Office Address.	(City) (Zip Code)
Name of New Registered Agent	orida street address)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:
r nevery weech me approximent as registered agent. I am ju	anno wan and occept the tonigations of the position,
Signature o _i	f 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)

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	PT John Doc	
X Remove	<u>∨</u> Mike Jones	
<u>X</u> Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	Title Name	Address
1) Change	V Ryan Kics	144 Coolidge Rd LE falm Boy = FK 32907 321 614-5879
X_ Add		stalmsboy == FK 132907
Remove		<u> 331 614-5875</u>
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Remove		
6) Change		
Add		
Remove		

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provisions for in (if not applic	nplementing the rable, indicate N		not contained	in the ameno	lment itself:		
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the n	en di	stribution	<u>6}</u> _	s.Keros	<u></u>	De.	
Dobra	Kies .	<u> </u>	_share	<u>-</u>			
		<u>- 48</u>					
							
	Kies	- 1	-sher	L			

The date of each amendment(s) adoption: fate this document was signed.	Docomber	1,2017	, if other than the
Effective date if applicable:	December nore than 90 days after amer	1 2017 idment file date)	
Note: If the date inserted in this block does not mee locument's effective date on the Department of State's		ing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CHECK (ONE)		
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva		east for the amendmen	$\operatorname{tt}(s)$
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group			ment
"The number of votes east for the amendment	•	proval	
by(voting gro	nes)	·"	
☐ The amendment(s) was/were adopted by the board caction was not required.		der action and sharehol	lder
☐ The amendment(s) was/were adopted by the incorpe action was not required.	orators without shareholder a	ection and shareholder	
Dated (5.25 /1/27/197)	有些主要。		
Signature Debra	Liet a comme	de arts de Meior en est en en e	المواد المارية
(By a director, president or	r other officer – if directors c or – if in the hands of a recoi	or officers have not bee	in .
	Dobra Ki	وح	
(Typed	or printed name of person si		
	Prosident		
	(Title of person signing)	