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C. GOLDEN

SEP - 4 2018

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## **COVER LETTER**

Division of Corporat	ions		
NAME OF CORPORAT	TION: Crysto	1 Clear Fo	ol Supply, INC
DOCUMENT NUMBER	1: +06000	141022	
The enclosed Articles of A	Amendment and fee are su	abmitted for filing.	
•	ndence concerning this ma	_	
_	Karen	L. Shav	er
	Trystal C	Name of Contact Person  I ear Pool  Firm/ Company  Address	Supply, INC
<u>8</u>	786 AIA 1	V, Ste.	01
	fonte Ved	City/ State and Zip Code	1, FI 32082
_50	ım _ Sha	Ver (a) cos sed for future annual report	moast net
For further information co	oncerning this matter, pleas	se call:	
Karen L.	Shaver Contact Person	at (904	874-6976
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	ortment of State:
\$35 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	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**TO:** Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

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2018 SEP -4 AM 11: 03

Crystal Clear tool Supply, INC
(Name of Corporation as currently filed with the Florida Dept. of State HASSEE. FLORID
(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 staticles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
). 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 Karen L. Shaver
886 AIAN, Stel
(Florida street address)
New Registered Office Address: Fonte Vedra Beach, Florida 32082 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: 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
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)

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PT	Karen L. Shaver	-886 AIAN, STEl Ponte Vedra Beach
Add			
Remove			F1 32082
2) Change	P	Samuel PShaverd	- aa4 Sweetbrier BrLN
Add			St. Johns, Fl 32259
Remove			
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
.(//	
N/H	
	**************************************
<del></del>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N / IN	
N/A	
/ / /	
IV /P	
IV /P	
IV / P	
IV /F	

The date of each amendment(s) adoption: Sept 1, 2018, if other than the date this document was signed.
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 as the 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 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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Acot 1, 2018
Signature Toran J. Thouser
(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)
Karen L. Shaver (Typed or printed name of person signing)
(Typed or printed name of person signing)
Vier trasident

(Title of person signing)