PO7000077137

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01/23/24--01026--016 **35.00

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: EPIC POOLS, The. DOCUMENT NUMBER: PO70000 27137	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Debbie DeLay Name of Contact Person Epic Pools, Inc. Firm/ Company 12276 San Jose Blvol., Bblg. 400, Address Jacksonville, FL 32223 City/ State and Zip Code debbie Depicpool. Com E-mail address: (to be used for future annual report notification)	Ste. 417
For further information concerning this matter, please call:	7
Deboie Delay at (904) 545-9169 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:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)	

TO: Amendment Section

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

Street Address
Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

Fair P 1- T	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P01000027137	
(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 its Articles of Incorporation:	t(s) to
A. If amending name, enter the new name of the corporation:	
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	
12276 San Jose Blvd., Bldg. 400, Ste.	417
New Registered Office Address: Jacksonuille Florida 3223 (City) (Zip Code)	-
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	
Check if applicable	

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	PT	John Do	o <u>e</u>		
X Remove	<u>V</u>	Mike Jo	ones .		
_X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	P	_	Hollenbach, Stanl	<u>е</u> ц В	12276 San Jose Blud.
Add				_	Bldg. 400, Ste. 417 Jacksonville, FL 3222
2) Change	CEC	2	mcLead, William		12276 San Jose Blud.
Add Remove 3) Change				-	Bldg. 400, Ste. 417 Jacksonville, FL 3223
Add		_			
Remove				_	
4) Change Add		_		_	
Remove				_	
5) Change		_			
Add Remove				-	
6) Change		_	-	 -	
Add				-	
Remove					

	(Be specific)				
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f an amendment provides for an excl	nange, reclassification	ı, or cancellation	of issued shares,		
provisions for implementing the ame	nange, reclassification endment if not contain	i, or cancellation ted in the amend	of issued shares, ment itself:		
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification andment if not contain), or cancellation ted in the amend	of issued shares, ment itself:		
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The date of each amendment(s) a date this document was signed.	doption: [0 - 18 · 203 >	, if other than the
Effective date <u>if applicable</u> :	10-18-203 (no more than 90 days after amendment f	
	(no more than 90 days after amendment f	file date)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requestrates of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors withou	t shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast fo ifficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	••
	(voting group)	
Dated	-18-2023 -4 P 144/	
selecte	rector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	Stanley B. Hollens (Typed or printed name of person signing)	sach
	President	
	(Title of person signing)	