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COVER LETTER

TO: Amendment Section

Division of Corporations

STAR'S POOL CARE INC NAME OF CORPORATION: DOCUMENT NUMBER: # PO 70000 28824 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 Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$43.75 Filing Fee & ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation	FILED
	of	
STAR'S	POOL CARE, INC.	Stores Stores
(Name of Corporation as cu	rrently filed with the Florida De	pt. of State LAHASCE OF STATE
ofo9 #	000 28824	SECRETARY OF STATE pt. of State LAHASSEE, FLORIDA
(Document N	umber of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	CES. INC	The n
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	he designation "Corp," "Inc," or	"Co". A professional corporati
B. Enter new principal office address, if ap	oplicable:	
(Principal office address MUST BE A STRE		
	- · · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	ie:	~ Teans
(maning address MAI BE A FOST OFF	ICE BUX) Y. O. O.	ox 788205 o, FL, 32878
	ORLAND	o, Fr. 32848
D. If amending the registered agent and/or		ida, enter the name of the
new registered agent and/or the new reg		
Name of New Registered Agent;		
	(Florida street addres	w H
Name of New Registered Agent:		<i>''</i>
Name of New Registered Agent:		, Florida
Name of New Registered Agent:	(Florida street addres.	s), Florida

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)

Title Name Address Type of Action ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) ad	loption: 0+-14-2011
	(date of adoption is required) 07-15 - 2011 more than 90 days after amendment file date)
(no)	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	,,,
(votin	ng group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
DatedSignature	J. Annued
selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Susan ARNOLD
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)