PO7 0000 36411

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Peeler Peols of North Florida Inc.
DOCUMENT NUMBER: <u>607 0000 36411</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 Deeler Pools of Novih Florida, Toca
Peeler Pools of North Florida, Inc. Firm/ Company 8390 S.W. Old Wive Road Address
Fort White, Fl 32038 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katherine Curningham at (386) 755-2848 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment

to

Articles of Incorporation

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Peder Pools of Novi	h Florida Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
PO7 0000 364	11
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	8390 S.W. Old Wire Road Ft. White, Fl 32038
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8390 S.W. Old Wire Road Ft. Whik, Fl 32038
D. If amending the registered agent and/or registered office address:	
	Lunningham Ex B
	Old Wive Road I I
New Registered Office Address: +OV+ V	Thirda 3003 8 City) Rorida 2003 8
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
MIMI	
Sichaure of New Re	gistered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607 (1120 (111) (1	v E &

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 = ChiefExecutive 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 Chan		<u>PT</u>	John Doe	
X Remo	ove	<u>V</u>	Mike Jones	
<u>X</u> Add		<u>SV</u>	Sally Smith	
Type of a		Title	<u>Name</u>	Address
1)	Change	P	Raymont Peeker	1585W EIK Hunter Glen Fort White Fl 32035
	Add Remove	,		
2)	Change Add	_5	Alice Pedar	158 SWEIK Hunter Glen Fort White Fl 32038
3) <u>×</u>	Remove Change	<u>, L</u>	Chad C. Cunningham	n
4)	Remove Change	_5	Katherine Cunningham	Fort White FI 32038 Fort White FI 32038 Fort White FI 32038
	Remove Change			
	_ Add _ Remove			
	Change Add			
	_ Remove			

(Attach	ding or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
-N	<u> </u>	
' /		
- 		
·		
		
<u> </u>		
If an ar	and munt may ide for an archange malage fination an annual lating of the state.	
provis	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself:	
·	not applicable, indicate N/A)	
_v/	A	



The date of each amendment(s) adoption:date this document was signed.	11-12-20	, if other than the
	(no more than 90 days after amendment file of	date)
	not meet the applicable statutory filing require	
Adoption of Amendment(s) (Cl	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sh	archolder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	e amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	he shareholders through voting groups. The fol- g group entitled to vote separately on the amen	lowing statement dment(s):
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by	oting group)	
(Vr	ning group)	
Signature (By a director, pre	sident or other officer – if directors or officers to corporator – if in the hands of a receiver, trusted	have not been
	ry by that fiduciary)	, or other even
	Raymond Peeler (Typed or printed name of person signing)	
	President	
	(Title of person signing)	