## P07000061449

| (Re                                     | equestor's Name)   |             |  |  |  |
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| (Ad                                     | ldress)            |             |  |  |  |
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| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
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## COVER LETTER

| TO: Amendment Se<br>Division of Cor  |   |   |                               |  |  |
|--|---|---|-------------------------------|--|--|
| NAME OF CORPO  | ORATION: All Star Pools of E                | Brevard, Inc.   |                               |  |  |
| DOCUMENT NUN   | P07000061449                                |   |                               |  |  |
| The enclosed Article   | s of Amendment and fee are su               | bmitted for filing,                                     |                               |  |  |
| Please return all corr   | espondence concerning this ma               | tter to the following                                   | g:                            |  |  |
|  | Ganon J. Studenberg, Esq.                   |   |                               |  |  |
|  | STUDENBERG LAW                              | Name of Contac  | et Person                     |  |  |
|  |   | Firm/ Comp  | nany                          |  |  |
|  | 1119 Palmetto Avenue                        | ·   | •                             |  |  |
|  | Address                                     |   |                               |  |  |
|  | Melbourne, FL 32901                         |   |                               |  |  |
|  |   | City/ State and Z                                       | Zip Code                      |  |  |
|  | info@studenberglaw.com                      |   |                               |  |  |
|  | E-mail address: (to be us                   | sed for future annua                                    | l report r                    | notification)  |  |
| For further informati  | on concerning this matter, pleas            | se call:  |                               |  |  |
| Ganon J. Studenberg  | g. Esq.                                     | at (  |                               | 722-2420   |  |
| Name   | of Contact Person                           | ٧٠  | \rea Cod                      | e & Daytime Telephone Number   |  |
| Enclosed is a check t  | for the following amount made               | payable to the Flori                                    | da Depai                      | rtment of State;   |  |
| S35 Filing Fee   | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing I Certified Copy (Additional copenclosed) |                               | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                             |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   |   | Division<br>The Cer<br>2415 N | address<br>nent Section<br>tof Corporations<br>ntre of Tallahassee<br>. Monroe Street, Suite 810<br>usee, FL 32303 |  |

## Articles of Amendment to Articles of Incorporation of

| All Star Pools of Brevard, Inc.   |   |
|---|---|
| -   | ly filed with the Florida Dept. of State)                       |
| P07000061449  |   |
| (Document Number of   | of Corporation (if known)                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
| <del></del>   | The new   |
| name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A. | A 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> )   |   |
|   |   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>  |
| (Maning address <u>M211 81, 211 631 611 121, 86.3</u> )   |   |
|   | <u></u>   |
|   | <del></del> ;   |
| D. If amending the registered agent and/or registered office add  |   |
| new registered agent and/or the new registered office address   | <u></u>   |
| Name of New Registered Agent  | <del></del>   |
|   |   |
| (Florida sti  | reet address)   |
| New Registered Office Address:  | (City) (Zip Code)   |
|   | (City) (Zip Code)   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent  |   |
| l hereby accept the appointment as registered agent. I am familiar  | with and accept the obligations of the position.                |
|   |   |
|   |   |
| Signature of New R  | Registered Agent, if changing                                   |
| Check if applicable   |   |
| ☐ The amendment(s) is/are being tiled 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)

Example:

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                      | 171       | John 170e    |                        |
|-------------------------------|-----------|--------------|------------------------|
| X Remove                      | <u>V</u>  | Mike Jones   |                        |
| X Add                         | <u>sv</u> | Sally Smith  |                        |
| Type of Action<br>(Check One) | Title     | <u>Name</u>  | <u>Addres</u> s        |
| 1) X Change                   | DPT       | Gordon Wiles | 203 East New Haven Ave |
| Add                           |           |              | Melbourne, FL 32901    |
| Remove                        |           |              |                        |
| 2) X Change                   | DS        | Carla Wiles  | 203 East New Haven Ave |
| Add                           |           |              | Melbourne, FL 32901    |
| Remove 3) Change              |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              |                        |
| 4) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              |                        |
| 5) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              |                        |
| 6) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              |                        |

| Attach <i>ade</i> | ng or adding addition<br>litional sheets, if neces | ssary). (Be speci  | fic)             |                    |               |              |
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| f an amer         | idment provides for :                              | an exchange, recla | assification, or | cancellation of is | sued shares,  |              |
| provision         | is for implementing the                            | he amendment if i  | not contained in | the amendment      | t itself:     |              |
| (if no            | t applicable, indicate :                           | NZ4)               |                  |                    |               |              |
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| The date of each amendment(s) date this document was signed.                 | adoption:   | , if other than the   |
|--|---|---|
| Effective date if applicable:  |   |   |
| <u></u>  | (no more than 90 days   | after amendment file date)  |
| <b>Note:</b> If the date inserted in this document's effective date on the I |   | statutory filing requirements, this date will not be listed as the            |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |   |
| ☐ The amendment(s) was/were a action was not required.                       | dopted by the incorporators, or board   | of directors without shareholder action and shareholder                       |
| ■ The amendment(s) was/were a by the shareholders was/were                   | · · ·   | ber of votes cast for the amendment(s)  |
|  | pproved by the shareholders through vor each voting group entitled to vote so   | voting groups. The following statement eparately on the amendment(s):         |
| "The number of votes ca  | st for the amendment(s) was/were suff   | icient for approval   |
| by   | (voting group)  | "   |
| Decemb<br>Dated<br>Signature   | er 1, 2020  | - 3- D-C  |
| (By a selec  | director, president or other officer – it<br>ed, by an incorporator – if in the hand<br>nted fiduciary by that fiduciary) | directors or officers have not been ls of a receiver, trustee, or other court |
|  | Gordon Wiles  |   |
|  | (Typed or printed name  | of person signing)  |
|  | President   |   |
|  | (Title of person signing)   | <del> </del>  |