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COVER LETTER

TO: Amendment Section
Division of Corporations

NAI	ME OF CORPORA	TION: ALL SEASONS S	PRINKLER, INC.			
	CUMENT NUMBE					
		Amendment and fee are su	bmitted for filing.			
Plea	ise return all correspo	ondence concerning this ma	tter to the following:			
			ROBERT C. GUNN III			
	_		Name of Contact Person	1		
		ALI	SEASONS SPRINKLER,	, INC.		
			Firm/ Company			
		3	14 HICKORY SPRINGS C	T		
		·	Address			
	DEBARY, FL 32713					
	_		City/ State and Zip Code	•		
			regunn3@yahoo.com			
		E-mail address: (to be us	sed for future annual report	notification)		
	further information o	concerning this matter, pleas	se call:	561-0015		
	Name of	Contact Person		de & Daytime Telephone Number		
Enc	losed is a check for ti	he following amount made	payable to the Florida Dept	artment of State:		
	\$35 Filing Fcc	☐\$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				Address		
Amendment Section Division of Corporations			ment Section n of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment Articles of Incorporation

7020 : 113 PH 4: 05

Articles of Incorporation: If amending name, enter the new name of the corporation: The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALL SEASONS SPRINKLER, INC.
(Document Number of Corporation (if known) ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to a Articles of Incorporation: If Amending name, enter the new name of the corporation: The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co." A professional corporation name must contain the word chartered, ""professional association," or the abbreviation "P.A." 8. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) Principal office address MAT BE A POST OFFICE BOX.) If amending the registered agent and/or registered office address; Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)	(Name of Corporation as currently filed with the Florida Dept. of State)
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Articles of Incorporation: If amending name, enter the new name of the corporation: The new ame 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." 8. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS C. 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 (Florida street address) (City) (City) (City Code)	(Document Number of Corporation (if known)
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(Florida street address) New Registered Office Address:, Florida	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;
(Florida street address) New Registered Office Address:, Florida	Name of New Registered Agent
New Registered Office Address:, Florida	WARR OF TOWN TREETING THE TREET
New Registered Office Address:, Florida	(Florida street address)
(City) (Zip Code)	
Now Vacintary Agent's Signature if changing Registered Agent:	New Registered Unice Address.
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.	
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.	
thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	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	Signature of New Registered Agent, if changing
	-
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	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)

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	PT	John Doe			
X Remove <u>V</u>		Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	Officer	Sean C. Kent	295 Charles Ave.		
Add			Orange City, FL 32763		
X Remove					
2) Change	VP,D	Marguerite S. Gunn	314 Hickory Springs Ct.		
X Add			DeBary, FL 32713		
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Ad d					
Remove					

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amendment p	rovides for an exc	change, reclassific	ation, or cancella	tion of issued share	<u> </u>
	olementing the amble, indicate N/A)	jendment if hot co	ntained in the am	ienament itsett:	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requires epartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amend	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
Directors	**	
	(voting group)	
Dated	11/10/20	
Signature	Polit (I - The	
(By a c	lirector, president or other officer – if directors or officers hand, by an incorporator – if in the hands of a receiver, trustee, sted fiduciary by that fiduciary)	
	ROBERT C. GUNN III	
	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR	
	(Title of person signing)	

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