

PO8000017209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

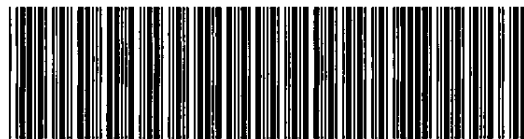
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100217651681

01/20/12--01041--023 \*\*35.00

*Ames*

**FILED**  
12 JAN 20 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*TR 1-2012*

I, Carolina Cardwell ~~as~~ went back to  
my Maiden name Carolina HERNANDEZ -  
Mendoza as shown on Page #4.

If you need to contact me please do so  
at:

Cell (239) 200-5223

Office (239) 304-8784

(239) 499-7443.

alt Cell (239) 273-9850

Thanks Carol.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SEBASTIAN POOLS, INC

DOCUMENT NUMBER: P08000017209

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINA HERNANDEZ - MENDOZA  
Name of Contact Person

SEBASTIAN POOLS, INC  
Firm/ Company

3525 WINIFRED ROW LANE #2904  
Address

NAPLES, FLORIDA 34116  
City/ State and Zip Code

SEBASTIANPOOLS@Hotmail.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA HERNANDEZ at (239) 304-8784  
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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status<br>enclosed) | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>(Additional Copy | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>is enclosed) |
|---|---|--|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

12 JAN 20 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEBASTIAN POOLS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000017209

(Document Number 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:

**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**)

3525 Winifred Row W  
# 2909  
NAPLES, FL 34116

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

3525 Winifred Row W  
# 2909  
NAPLES, FL 34116

**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

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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.

N/A  
Signature of New Registered Agent, if changing

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:

☒ Change                      PT      John Doe  
  
☒ Remove                      V      Mike Jones  
  
☒ Add                      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SV</u>	<u>JOAN AGREDO</u>	<u>2651 Grand Palm Dr # 104</u> <u>NAPLES FL 34109</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>NESTOR H. LABOQUE</u>	<u>5386 Grand Cypress Cir</u> <u># 104</u> <u>NAPLES FL 34109</u>
3) <input checked="" type="checkbox"/> <del>Name</del> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>CAROLINA HERNANDEZ -</u> <u>MENDOZA</u>	<u>3525 Winifred Row W</u> <u># 2904</u> <u>NAPLES FL 34109</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

**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)*

N/A

The date of each amendment(s) adoption: 1-12-12

Effective date if applicable: 1-12-12  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

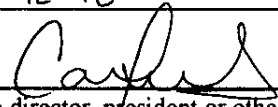
"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1-12-12

Signature

  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Carolina Hernandez - Mendoza  
(Typed or printed name of person signing)

VP  
(Title of person signing)