## P080000043175

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Amend

JAN 1 () 2020 I ALBRITTON

## COVER LETTER.

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: All About Pool Su	pplies Inc			
DOCUMENT NUMB					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Catherine Andrews				
·		Name of Contact Perso	n		
	All About Pool Supplies Inc				
-	Firm/ Company				
	627 May Apple Way				
-	<del></del>	Address			
	Venice, FL 34293				
-		City/ State and Zip Cod	e		
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)		
Timothy Shippee		at ( 904	280-5526		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$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 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

All About Pool Supplies Inc			
	of Corporation as curre	ntly filed with the Florida Dept	t. of State)
P08000043175			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
	<u> </u>		_ The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A professional cornera	rated" or the abbreviation the
B. Enter new principal office address,	if applicable:	627 May Apple Way	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	Venice, FL 34293	28
			T T
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> )	<u>cable:</u> OFFICE BOX)	627 May Apple Way	E - 6 - E
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			3 CS
D. If amending the registered agent an new registered agent and/or the new	d/or registered office ad v registered office addre	dress in Florida, enter the nam	e of the
Name of New Registered Agent	Catherine Andrews		
	627 May Apple Way		<u>u</u>
	(Florida :	street address)	
New Registered Office Address:	Venice		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if che hereby accept the appointment as registe	nanging Registered Ager ered agent. I am familian	nt: with and accept the obligations	of the position.
Mu	rerin'i Andr	<b>1</b> 1115	
<u></u>		Registered Agent, if changing	
	3	G	

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:

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Victoria Vanhorn	273 West River Road
Add			Palatka, FL 32177
X Remove			
2) Change	VP	Douglas Vanhorn	273 West River Road
Add			Palatka, FL 32177
X Remove			
3 ) Change	P	Catherine Andrews	627 May Apple Way
X Add			Venice, FL 34293
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
の Change			
Add			
Remove			

/A	onal sheets, į	if necessary).	cles, enter change( (Be specific)			
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	ent provide:	s for an excha	nge, reclassification	on, or cancellation	of issued shares	
<u>If an amendm</u>	<u>r implement</u>	ting the amen	dment if not conta	ined in the ameno	lment itself:	•
provisions to		licate N/A)			<del></del>	
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	December 5, 2019	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wi epartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
December Dated	5, 2019	
	Catherin Indisews	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	Catherine Andrews	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>