P08000047487

(Re	questor's Name)	
(Ade	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	LEAK PARAMEDICS I	NC
DOCUMENT NU	MBER:	P08000047487	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	· · · · · · · · · · · · · · · · · · ·	ARCOS SALERNO	
	ľ	Name of Contact Person	
	SUPI	ER BLUE POOLS INC	
		Firm/ Company	,
		501 SOUTH N ST	
		Address	
	LAK	E WORTH, FL 33460	
	C	City/ State and Zip Code	
	MEZZENGE E-mail address: (to be use	R04@HOTMAIL.COM d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
MAF	RCOS SALERNO	at (561)3	29-4676
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment of State:
35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	le

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of LEAK PARAMEDICS INC (Name of Corporation as currently filed with the Florida Dept. of State) P08000047487

lowing

Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		orida Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
SUPER	R BLUE POOLS INC	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pi	he designation "Corp," "Inc,	"company," or "incorporated" or the " or "Co". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in	Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street aa	ldress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with an	d accept the obligations of the position.
	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)

<u>Title</u>	Name	Address	Type of Action
	····		_
		-	
	ling or adding additional Articles dditional sheets, if necessary). (E		
	# I M. I M		
F. <u>If an an</u>	nendment provides for an exchan	ge, reclassification, or cancella	ation of issued shares,
if no	ons for implementing the amendn ot applicable, indicate N/A)	lent if not contained in the am	endment itself:
<u> </u>			
			

The date of each amendmen	t(s) adoption:	1/18/2011
Effective date if applicable:	1/18/2011	(date of adoption is required)
• •	(no more that	n 90 days after amendment file date)
Adoption of Amendment(s)	((CHECK ONE)
The amendment(s) was/we by the shareholders was/w		the shareholders. The number of votes cast for the amendment(s) or approval.
		y the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
"The number of votes	cast for the am	nendment(s) was/were sufficient for approval
by	(voting group)	.,,
action was not required.		the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
Signature (By sele	cted, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
		Marcos Salerno Typed or printed name of person signing)
	(1	· · · · · · · · · · · · · · · · · · ·
	(T'41-	President
	(i itle	e of person signing)