Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : I20070000037 Phone : (954)752-4553 Fax Number : (954)752-4522

\*\*Enter the emai: address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HYDROLINE POOL SERVICE, INC

Certificate of Status Certified Copy 0 05 Page Count Estimated Charge \$35.00

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https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR  | E OF CORPORATION: HYDROLINE POOL SERVICE, INC |                                    |   |   |  |
|--|---|------------------------------------|---|---|--|
| DOCUMENT NUMBER:   |   |                                    | P08000089450  | )   |  |
| The enclosed Artic   | cles of Amendment and                         | d fee are submitt                  | ed for filing.  |   |  |
| Please return all co   | orrespondence concern                         | ing this matter to                 | the following:  |   |  |
|  | BRUNO GHISLANDI                               |                                    |   |   |  |
|  |   | Name of Con                        | tact Person   |   |  |
|  | EAGLE   | E TAX REPRES                       | SENTATION, CORP   |   |  |
| Pirm/ Company  |   |                                    | трапу   |   |  |
| •  | 4641 N STATE ROAD 7 - STE 18                  |                                    |   |   |  |
|  |   | Addre                              | ess   |   |  |
|  | COCONUT CREEK, FL - 33073                     |                                    |   |   |  |
|  |   | City/ State and                    | d Zip Code  |   |  |
|  | PAL<br>E-mail address: (to                    | JLO@EAGLE-<br>be used for future : | FAX.COM annual report notification)   | <del> </del>  |  |
| For further informa  | ation concerning this m                       | atter, please cal                  | l:  |   |  |
| Pa   | ulo Oliveira, E.A.                            | at (_                              | 954 ) 7   | 752-4553  |  |
|  |   |                                    |   |   |  |
| Enclosed is a check  | k for the following amo                       | ount made payah                    | le to the Florida Depa  | rtment of State:  |  |
| ☑ \$35 Filing Fee  | \$43.75 Filing Fee & Certificate of Status    | Cei                                | .75 Filing Fee &<br>ntified Copy<br>ditional 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 |   | Amer<br>Divis<br>Clifto            | t Address Indiment Section Ion of Corporations Ion Building Executive Center Circ | do.   |  |
| Tallahassee, FL 32314  |   |                                    | hassee, FL 32301  | ole .   |  |

## Articles of Amendment to

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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> | <u>Name</u>  | Address   | Type of Action              |
|--------------|--|---|-----------------------------|
| <u> </u>     | EDUARDO ROSSI  | 9277 SW 16TH RD W<br>BOCA RATON, FL 33428                                       | ☐ Add<br>☑ Remove           |
|              |  |   |                             |
|              | · · · · · · · · · · · · · · · · · · ·                                    |   |                             |
| E. If amend  | ling or adding additional Articles, iditional sheets, if necessary). (Be | enter change(s) here:   |                             |
|              | · · · · · · · · · · · · · · · · · · ·                                    | specific  |                             |
|              | :  |   |                             |
|              | :  |   |                             |
|              |  |   |                             |
| provisio     | ons for implementing the amendme   | e, reclassification, or cancellation of<br>ent if not contained in the amendmen | issued shares,<br>t itself: |
| (if no       | ot applicable, indicate N/A)   | ·   |                             |
| •••          |  | · · · · · · · · · · · · · · · · · · ·   |                             |
|              |  |   |                             |
|              | <u>:</u><br>   |   |                             |

| The date of each amendmen                           | t(s) adoption: 07/01/2010   |
|---|---|
| Effective date if applicable:                       | 07/01/2010 (date of adoption is required)   |
|   | (no more than 90 days after amendment file date)  |
|   |   |
| Adoption of Amendment(s)                            | (CHECK ONE)   |
| The amendment(s) was/we by the shareholders was/w   | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.  |
| The amendment(s) was/we must be separately provide  | ere approved by the shareholders through voting groups. The following statement ed 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  | <i>r</i>  |
|   | (voting group)  |
| action was not required.                            | ere adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we<br>action was not required. | ere adopted by the incorporators without shareholder action and shareholder   |
| Dated_07/0  | 1/2010  |
| Signature _ 1                                       | . 2 0/1   |
| sele  | ected, by an incorporator – if in the hands of a receiver, trustee, or other court  |
| app   | ointed fiduciary by that fiduciary)   |
|   | BRUNO GHISLANDI   |
|   |   |
|   | (Typed or printed name of person signing)   |
|   | PRESIDENT   |
|   | (Title of person signing)   |
|   |   |