

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A

Account Number : 120000000003 Phone : (407)841-4141 : (407)841-4148 Pax Number

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN AQUA DE CRYSTAL SWIMMING POOL INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Listimated Charge | \$35.00 |

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATIONI AQUA DE CRYS | ral. \$wimming Pool, 1 | INC. |
|--------------------------|--|--|---|
| DOCUMENT NUMI | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | spondence concerning this ma | tter to the following: | |
| | SCOTT E. JOHNSON, ESQ | JIRE | |
| | | Name of Contact Person | <u> </u> |
| | MORAN KIDD LYONS JOI | HNSON, P.A. | |
| | | Pirm/ Company | |
| | 111 N. ORANGE AVENUE | SUITE 900 | |
| | | Address | |
| | ORLANDO, FLORIDA 328 | Dl | |
| | | City/ State and Zip Code | B |
| SIO | HNSON@MORANKIDD.CO | M | |
| <u> </u> | | sed for future annual report | |
| | E-man address; (to be us | ed for ittime aminai report | nottivadon) |
| For further informatio | on concerning this matter, pleas | se call: | |
| Scott E | Johnson | nt 407 | 841-441 de & Daytime Telephone Number |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Euclosed is a check fo | or the following amount made | payable to the Florida Depa | riment 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 Certifical Copy (Additional Copy is enclosed) |
| Mn | illng Address | Street | Address |
| | endment Section | | lment Section |
| | rision of Corporations | | m of Corporations |
| |). Box 6327 | | Building |
| Tal | lahassee, FL 32314 | 2661 E | xeoutive Center Circle |

Tallahassee, FL 32301

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Articles of Amendment Articles of Incorporation of

AQUA DE CRYSTAL SWIMMING POOL, INC.

(Name of Cornoration as currently filed with the Florida Dept. of State) P09000062767 (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:

| Λ. | If amending r | ame, enter the | new name of | the corporation: |
|----|---------------|----------------|-------------|------------------|
| | | | | |

| | | The new | | |
|---|---------------------------|--|--|--|
| | ation "Corp," "Inc," or " | n," "company," or "Incorporated" or the abbreviation Co". A professional corporation name must contain the P.A." | | |
| B. Enter new principal office address, | if upplicable: | 3528 BAY COURT | | |
| (Principal office address MUST BE A S | | ST. CLOUD, FLORIDA 34769 | | |
| | | ., | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3528 BAY COURT | | |
| | | ST. CLOUD, FLORIDA 34769 | | |
| | | | | |
| D. If amending the registered agent an new registered agent and/or the new | | | | |
| Name of New Registered Agent | RAFABL ALVARADO | | | |
| • | 3528 BAY COURT | | | |
| | (Florida str | oet address) | | |
| New Registered Office Address: | ST. CLOUD | , Florida | | |
| | | (Cital) | | |

Now 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

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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 shorts, if necessary)

Please note the officeridirector 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 Pinancial 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 | <u>PT</u> | John Dog | |
|-------------------------------|---------------|---------------------------------------|---------------------------------------|
| X Remove | y | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Titl</u> e | Name | Ad <u>dres</u> s |
| i) Change | TRIU | VAZQUEZ, SIGFREDO SR. | 2750 BABBITT AVENUE |
| Add X Romove | | | ORLANDO, FLORIDA 32833 |
| 2) Change | OPST | ALVARADO, RAFAEL | 3528 BAY COURT |
| X Add | | | ST. CLOUD, FLORIDA 34769 |
| Remove 3) Change | | | <u> </u> |
| Add | | · · · · · · · · · · · · · · · · · · · | |
| Remove | | | |
| 4) Change | · · | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| б)Change | | | |
| Add | | | |
| Remove | | | |

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| | cessary). (Be specific) | | | |
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| n nmendment newides fr | or an exchange, reclass | ification, or equeelly | tion of issued shares. | |
| n amendment provides fo ovisions for implementia | g the amendment if not | contained in the sir | endment itself: | |
| (if not applicable, indica | ue N/A) | | | |
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| he date of each amendment(s) a | APRIL 28, 2016 adoption: | , if other than the |
|--|--|--------------------------------|
| ite this document was signed. | | |
| AP "Rective date <u>if applicable:</u> | PRIL 28, 2016 | |
| rective state <u>if anythenore</u> : | (no more than 90 days after amendment file date) | |
| ote: If the date inserted in this beament's effective date on the D | block does not meet the applicable statutory filing requirements, this department of State's records. | date will not be listed as the |
| doption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ad by the shareholders was/were s | lopted by the shareholders. The number of votes east for the amendment sufficient for approval. | n(s) |
| | oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s): | inent . |
| "The number of votes cas | st for the amendment(s) was/were sufficient for approval | |
| by | 19 | |
| · , | (voting group) | |
| action was not required. | dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder | older |
| Dated | 04/28/2016 | |
| Signature | | |
| (By a | director president on other officer - if directors or officers have not be | en |
| 1 | ted, by an incorporator - if in the hands of a rocciver, trustee, or other c | ourt |
| | inted fiduciary by that fiduciary) | |
| | , -, -,, | |
| | RAFAEL ALVARADO | |
| | • • | |