P10000060885

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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL .
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: STATEN ENTERPRISES, INC. DOCUMENT NUMBER: P1000060885
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
B. ALAN DUBROW Name of Contact Person. DUBROW DUKER & ASSOCIATES, P.A. Firm/Company STE 5401 N. UNIVERSITY DR. # 204 Address CORPL SPRINGS, FL 33067 City/State and Zip Code alan advocwduker. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
B. ALAN DUBROW at 954 345 0323 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$2\$43.75 Filing Fee & 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

STATEN E	NTERPR	ISES.	INC.		
(Name of Corporation as current			State)		
P100000	60885		·	•	
(Document Number	er of Corporation (if I	cnown)			•
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fi	lorida Profit Co	orporation adopts the fol	lowing amendment(s) to	0
A. If amending name, enter the new name of the		-			
OLYMPUS P	OOLS, -	LNC.		The new.	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "C	o". A professi			
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.			· · · · · · · · · · · · · · · · · · ·		
				<u>, </u>	
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX				
		<u> </u>			
					
D. If amending the registered agent and/or reg new registered agent and/or the new registered	ristered office addre ered office address:	ss in Florida.	enter the name of the		
Name of New Registered Agent	· ` ` ` ` ` · · · · · · · · · · · · · ·				
				•	
	(Florida stree	t address)			
New Registered Office Address:			, Florida		
	(City)		(Zip Col	de)	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registered age	ent. I am familiar w	ith and accept i	the obligations of the pos	- ΕΕ ω	
Signature	of New Registered A	gent, if changin	18	EB -	
					7
				FIST W	ا مان

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.

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	¥	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add	•		•	
Remove				
2) Change		 -		
Add				
Remove				
3) Change		_		-
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				•
Add		- inter		,
Remove				
Kontove	•			
6) Change				
A'dd				
Remove				

	ng additional Art ets, if necessary).	(Be specific)			•
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The date of each amendment(s) ac	J/12/13
Effective date if applicable:	2/6/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated	112/13 AAAA
(By a di	rector, president or other officer — if directors or officers have not been l, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JAMES STATEN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)