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Aphend. 04/18/13 Dc

COVER LETTER

TO: Amendment Section Division of Corporati	ions		
NAME OF CORPORAT		Pools In	UC
DOCUMENT NUMBER	# 611000	019654	
The enclosed Articles of A	Imendment and fee are sub	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
	Polly	Name of Contact Person	oer_
	•	Name of Contact Person	1
_		Firm/Company	
	540 N		Pest WAY
	0 4	E WAVECT Address LATON PC	0.0.45.0
	BOCA (City/State and Zip Cod	- 33432
		ed for future annual report	- -
	E-man address. (to be us	ed for iddire amidal report	nonication)
For further information co	ncerning this matter, pleas	e call:	
	Kulkt	at 954	348 8-309
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	ayable 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)
	Address		Address
	nent Section		ment Section
	of Corporations		on of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

			* ' ;	
•	Articles of Ar	n en dm en t		
	to Articles of Inco	ornoration		
	of	or hor across	. LE	
Pollu	Pools I	ALC.	13 APR 10 M W I	•
(Name of Corporation as	currently flied with the Fl	orida Dept. of State)	411	
0110000	19 (01			
(Documen	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporal	tion adopts the following amendment	s) t
A. If amending name, enter the new na	me of the corporation:			
			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "(Co". A professional co		
B. Enter new principal office address, i	f applicable:	540 NE	= WAVECTESTUA	V
(Principal office address MUST BE A ST		A	ion FL 33432	7
C. Enter new mailing address, if applic (Mailing address MAYBE A POST C		"SAME	as a sove"	
D. If amending the registered agent and new registered agent and/or the new	registered office address		e name of the	
Name of New Registered Agent				
	4400 NFE		<u>re</u> 210	
New Registered Office Address:	BOCA LA	, -	orida 3343 [
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			gations of the position.	
C:	nature of New Registered A	lant if aboveing		
აც	manare of men vestilielea v	gent, y 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)

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	PT John De	<u>oe</u>	
X Remove	V Mike Jo	ones	
X Add	SV Sally S	mith_	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>177</u>	RACHEL LUST GARTEN	BOCA LATON FC 33431
Add			BOCA LATION FC 33431
Remove			
2) Change	DTG	Polly Teruilliger	BOCA LATON FC 33431
***************************************			VOCA FATOUTC 37731
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
N 2000	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
rovisions for implementing the ame	ndment if not contained in the amendment itself:
rovisions for implementing the ame	ndment if not contained in the amendment itself:
rovisions for implementing the ame	ndment if not contained in the amendment itself:
rovisions for implementing the ame	ndment if not contained in the amendment itself:
rovisions for implementing the ame	ndment if not contained in the amendment itself:

1/2/2/2
The date of each amendment(s) adoption: $4/2/2013$
Effective date if applicable: 2/1/2013
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated $4/2/2013$
Signature (By a director, president or other officer—) f directors or officers have not been selected, by an incorporator – if in the hards of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Polly TerwilliGEVL (Typed or printed name of person signing)
(Typed or printed name of person signing)
<u> </u>
(Title of person signing)