# P11000063916

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**EXAMINER** 

### **COVER LETTER**

TO: Amendment Section Division of Corporations	•	
NAME OF CORPORATION: Pool	L SOURCE S	ERVICES, INC
DOCUMENT NUMBER:	000063916	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
$C$ , $\angle$ Na	AYLSWOR7/	4
POOL SOU	IRCE SERVICE Firm/Company	S, Iw
4195 76	AMIAME TRAI	<u>125</u>
VENICE,	FL 34293 y/ State and Zip Code	
	O AOL, COM for future annual report notification)	
For further information concerning this matter, p	lease call:	
C. A AYLSWOR 7H Name of Contact Person	at (94/) 706 Area Code & Daytime Te	
Enclosed is a check for the following amount ma	de payable to the Florida Depar	tment 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)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

#### **Articles of Amendment**

to

## Articles of Incorporation of

POOL SOURCE SERVICES, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P1100063916	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptement(s) to its Articles of Incorporation:	ots the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	a or the orporation
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	فاند
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF STATE VISION OF CORPORATION IT SEP -9 AN II: 50
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	<u>ne</u>
Name of New Registered Agent: C.L. AYLSWORTH  4195 TAMIAMI TRAIL	C
New Registered Office Address:  (Florida street address)  (City)  (Zip Code)	
New 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 Signature of Naw Registered Agent, if changing	position.

### 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)

Address **Type of Action** E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) ac	doption: 8-1-2011
	(date of adoption is required)
Effective date <u>if applicable</u> : (no.	more than 90 days after amendment file date)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	more many of adjoin amenament file actory
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval,
The amendment(s) was/were approvided for	proved 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	or the amendment(s) was/were sufficient for approval
by Contact	Swort "
C. L. Opyquil	523872714
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 8 ~	1-2011
Signature <u></u>	ody as Dwe St
select <del>ed, i</del>	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if iduciary by that fiduciary)
_(	(Typed or printed name of person signing)
	(Syptem of person signing)
	(Title of person signing)