## P11000100846

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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: MID FLORIDA	POOL & SPA OF CEI	NTRAL FLORIDA, INC.
DOCUMENT NUM	BER: P1100010084	-6	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	SHAWN SHEPP	ARD	
		Name of Contact Person	1
	MID FLORIDA P	OOL & SPA, INC	D.
		Firm/ Company	
	470 WESTERN F	ROAD	
•	•	Address	
	NEW SMYRNA E	BEACH, FL 321	68
		City/ State and Zip Cod	е
MII	DFLAPOOLS@GI	MAIL.COM	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
SHAWN SHI	EPPARD	at ( 386	, 679-1806
Name of Contact Person		-Arca Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filling 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 Tallahassee, FL 32314		Ameno Divisio	Address  Iment Section on of Corporations Building
		2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

## MID FLORIDA POOL & SPA OF CENTRAL FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P11000100846 (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: A. If amending name, enter the new name of the corporation: MID FLORIDA POOL & SPA, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) · C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street address)

(Citv)

, Florida

(Zip Code)

If amending the Officer's 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> <u>Jo</u>	ohn Doe		
X Remove	<u>V</u> <u>M</u>	1ike Jones		·
X Add	<u>sv</u> <u>s</u>	ally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change			<del>_</del>	
Add				
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2) Change				
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3 ) Change				
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Remove				
6) Change				
Add				
Remove				

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If an amendment provides for an exc	change reclassification or cancellation of issued shares.
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:
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provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:

The date of each amendment(s) a	doption: 10/1/12
	0/1/12
·	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated_10/1/1	2
Signature	Shaw Shepand director, president or other officer – if directors or officers have not been
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	SHAWN SHEPPARD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)