## P12000027297

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SURE SHO	OT POOL SER	VICE CARE INC
DOCUMENT NUMBER: P120000272	297	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are su	bmitted for filing.	•
Please return all correspondence concerning this ma	tter to the following:	
DAVE GOLDBE	ERG	
TAXES & PAY	Name of Contact Person	•
TALEGRIAN	Firm/ Company	MIANTONIO
825 E COWBO	Y WAY #106	
	Address	
LABELLE, FL 3	- "	
	City/ State and Zip Cod	c
davetaxes@aol.co		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
DAVE GOLDBERG	at (863	342-8151
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee S43.75 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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation of

FILED 2812 MPR -9 PH 54 00

## SURE SHOT POOL SERVICE CARE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000027297

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430	27.7		

(Document Number of Corporation (if known)

nt(s) to

UR SHOT POOL SERVIC	
must be distinguishable and contain the word .," "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or the a	l "corporation," "company," or "incorporated" or the ""Inc," or "Co". A professional corporation name musbbreviation "P.A."
ter new principal office address, if applicable:	931 NE 7TH STREET
ipal office address <u>MUST BE A STREET ADD</u>	
nter new mailing address, if applicable:	
Jailing address MAY BE A POST OFFICE BOX	K)
•	
amending the registered agent and/or registers	ed office address in Florida, enter the name of the
amending the registered agent and/or registere w registered agent and/or the new registered o	
w registered agent and/or the new registered o	
w registered agent and/or the new registered o	ffice address:
w registered agent and/or the new registered o	ffice address:
w registered agent and/or the new registered o	ffice add ress:

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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove			
2) Change Add Remove	<del></del>		
3 ) Change Add Remove	<del> </del>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)			
W				
		<del></del>		
	<u> </u>			
***				
			•	
			•	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassificand ment if not co	ation, or cancella ntained in the an	tion of issued shar lendment itself:	es,
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s)	adoption: APRIL 4, 2012
Effective date <u>if applicable</u> :	MARCH 20, 2012
<u>ppicase</u> .	(no more than 90 days after amendment file date)
	(OVEROV OVER)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated APR	IL 4, 2012
Signature <b>\</b>	1 Conlon
se e	director, president or other officer – if directors or officers have not been led by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	JEFF BENDER
	(Typed or printed name of person signing)
	PRESIDENT, INCORPORATOR

(Title of person signing)