Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000441563 3)))



H210004415633ABC-

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POOLNETWORK(O)

COR AMND/RESTATE/CORRECT OR O/D RESIGN POOL NETWORK INC

Certificate of Status	0
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Corporate Filing Menu

Help

18883447262 1/001 Fax Server From: Ismael Car

December 6, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

POOL NETWORK INC 503 SE 13TH ST CAPE CORAL, FL 33990

SUBJECT: POOL NETWORK INC

REF: P12000038548

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This entity was administratively dissolved on 9/25/2020.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring Regulatory Specialist III FAX Aud. #: H21000441563 Letter Number: 921A00029218 Page: 3 of 6

18883447262

Articles of Amendment · to

Articles o	of Incorporation of			
POOL N	ETWORK INC		:	
(Name of Corporation as cur	rently filed with the	Florida Dept. of State)		-
	00038548			
(Document Numl	ber of Corporation (i	î known) -		_
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit</i> (Corporation adopts the fo	ollowing amendment(s)	ţ
A. If amending name, enter the new name of the corporation	n <u>:</u>			
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional a	ncorporated or the abbi corporation name must	The new reviation "Corp.," contain the word	
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			•	
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
	•	٠		
	· - ·			
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 add	lress:	•		
Name of New Registered Agent		·	<u>.</u>	
	٠	•		
(Floria	la street address)	· · · · · · · · · · · · · · · · · · ·	·	
New Registered Office Address:		ri: 1-		
the regards office faures.	. (Cīṇ)	, Florida	(Zip Code)	•
•			***	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	zent: liar with and accept i	the obligations of the pos	2021 STARES	
		·	PC -	
Signature of N	w Registered Agent,	if changing	ILED	
	— кеданетен луені,	g changing .	A	
Check if applicable The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.		8: 5 STATE LORIG	

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 I	Doc	
X Remove	V <u>Mike</u> !	lones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	Name	<u>Addręs</u> s
1) Change	D	JACQUELINE S CARVALHO	3313 Embers Parkway West
Add			Cape Coral, FL 33933
X Remove			
2) Change	VP ·	Eduardo J Montoya Vargas	2006 SE 28TH ST
X Add			Cape Coral, FL 33904
Remove 3) Change			
Add			
Remove	•		
4) Change	•		
Add		•	
Remove			
5) Change			
Add			
Remove		·.	•
ور کا			
Add			
Remove			

Page: 4 of 6

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
·	
,	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

· · · · · · · · · · · · · · · · · · ·	
	

The date of each amendment(s date this document was signed.	s) adobtion:		, if other than the
Effective date if applicable:	1/22/2021		
<u> </u>	(no more than 90 c	days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applical Department of State's records.	ble statutory filing requirements, this d	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or bo	oard of directors without shareholder act	ion and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The ne sufficient for approval.	number of votes east for the amendment	(5)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders throu for each voting group entitled to vo	igh voting groups. The following statem te separately on the amendment(s):	ent
"The number of votes of	ast for the amendment(s) was/were	sufficient for approval	
. by	(voting group)	**	
DatedSignature	19/02/21		
(By a selection)	a director, president or other officer cted, by an incorporator – if in the h binted fiduciary by that fiduciary)	- if directors or officers have not been nands of a receiver, trustee, or other coun	rt
	FERNANDO CARVALHO	•	
•	(Typed or printed nar	me of person signing)	
	PRESIDENT	•	
	(Title of person signif	ng)	·