P12000070592

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Christic	an Brothers Pool & Spa	Care Inc	,
DOCUMENT NUMBER: P12	000070592		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	(A) (5)	
Please return all correspondence concerning this mat	tter to the following:	题 8	
Christian On Day 20	Cheranie Jr. Name of Contact Person Brothers Pool & Spa Cas Firm/ Company	e trac	
PU BOX 3	Address		
Odessa, F	City/ State and Zip Code		
Christian Brot E-mail address: (to be us	hers Pool Care @ 9 mail. Code for future annual report notification	iem	
For further information concerning this matter, pleas	e call:		
Glen Cheranie Jr. Name of Contact Person	at (13 508 - 0058 Area Code & Daytime Telephone Nu	mber	
Enclosed is a check for the following amount made p			
\$35 Filing Fee	□\$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	Street Address Amendment Section Division of Compositions		

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Christian Drothers	<u> 1001 ? Spalan</u>	e, toc.	is is
_		filed with the Florida Dept. of State)	
P12000070			155*
	(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, this F	Torida Profit Corporation adopts the follow	ring amendment(s)
. If amending name, enter the new nar	me of the corporation:		
NIA			The new
	ition "Corp," "Inc," or "C	," "company," or "incorporated" or the Co". A professional corporation name mus P.A."	abbreviation
Enter new principal office address, is Principal office address <u>MUST BE A ST</u>		4239 Sandy Shores Lutz, FL	Dr.
		33558	
Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		N/A	
. If amending the registered agent and new registered agent and/or the new	registered office address:		
Name of New Registered Agent	Glen Cher	anie Jr.	<u> </u>
		dy Shores Dr.	

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 position.

Signature of New Registered Agent, if 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 <math>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: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	P Glen Cheramie Jr.	4239 Sandy Shores Or
, Add		Lutz, FL
Remove		33558
2) X Change	VP Jerry Torix	PO BOX 381
Add	7	Odessa, FL
Remove		33556
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		<u> </u>
5) Change		
Add		
Remove		
6) Change		
Add		
Pemove		

E.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	NA
_	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
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)
	N/A

The date of each amendment(s) adoption:	NIA	, if other than the
date this document was signed.	•	
Effective date if applicable:	(no more than 90 days after ame	
	(no more than 20 days after ame	mame.m.jne uate,
Note: If the date inserted in this block doe document's effective date on the Department		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		s cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot		
	mendment(s) was/were sufficient for a	pproval
by		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
(voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareho	lder action and shareholder
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder	action and shareholder
Dated///5 Signature	12015	
(By a director, p	resident or other officer – if directors ncorporator – if in the hands of a rece	or officers have not been
	iary by that fiduciary)	ever, trustee, or other count
	Deborah Chera	nie
	(Typed or printed name of person s	signing)
	Secretary	
	(Title of person signing	3)