P12000087944

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Paradise P.	ool Service al	Maintenance Inc.
DOCUMENT NUMBER: P1200089	PPPI	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
	Address L 32669 City/ State and Zip Coo	* Maintenance Inc
For further information concerning this matter, please		, , , , , , , , , , , , , , , , , , ,
Amy Solbara	at (<u>352</u>	ode & Daytime Telephone Number
Name of Contact Person		
Enclosed is a check for the following amount made p	ayable to the Florida Dep	partment of State:
\$35 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	Amer Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle hassec, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000089944	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation: Peradise Pool Company of North Florida, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the all "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must be word "chartered," "professional association," or the abbreviation "P.A."	_The new bbreviation contain the
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 Amy Solbera 18320 SW 15th Avenue (Florida street address)	
New Registered Office Address: Newberry, Florida 321669 (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I amfamiliar with and accept the obligations of the position. Signature of New Registered Agent, if changing	SUREANY OF MAIL

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: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P,D,5</u> ,T	Thomas D. Solberg	18320 SW 15th Avenue Newberry, FL 32669
2) Change Add Remove	PDST	Amy Solberg	Newberry FL 3266
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<u></u>	
6) Change Add Remove			



Attach additional sheets, if necessary).	ticles, enter cha . (Be specific)				
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f an amendment provides for an exc	change, reclassi	fication, or ca	ncellation of iss	ued shares.	
provisions for implementing the am (if not applicable, indicate N/A)	ienament it not	contained in i	tne amenoment	itseif:	
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	, if other than the
date this document was signed.	
Effective date if applicable: March 25, 201 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated March 25, 2019	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Thomas D. Solberg (Typed or printed name of person signing)	_
President Director Secretary T	Leasurer