## P14000031336

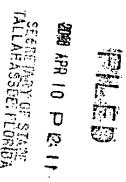
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_STARFISH SWIM SCHOOL, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LINDSEY B. JOHNSON Name of Contact Person STARFISH SWIM SCHOOL, INC. Firm/ Company 1530 SUGARWOOD CIRCLE Address WINTER PARK, FL 32792 City/ State and Zip Code LJOHNSON4145@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LINDSEY B. JOHNSON at ( 407 ) 721-7260

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

> Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation $\mathbf{of}$

STARFISH SWIM SCHOOL, INC.	rently filed with the Florida Dept. of State)
P14000021226	Tenny med with the Florida Dept. of State)
	ber of Corporation (if known)
	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>
SPLASH UPON A STAR SWIM SCHOOL, INC.	The new
	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
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)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	(City)  (Zip Code)  (Represent:  (Represent: A properties of the present of the p
Signature of N	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 = Chairmon 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 Doc	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			***************************************
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Address that the			
5) Change			
Add			
Remove			
6) Change			
Add			**************************************
Remove			

	(Be specific)		
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		***************************************	
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		the state of the s	
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provisions for implementing the amo	hange, reclassification, or cancellation and the amen	dment itself:	
(if not applicable, indicate N/A)			
	ALLA MILLIONIA M	**************************************	
			<del></del>

The date of each amendment(s) adoption:, if other t	han the
date this document was signed.	
Effective date if applicable:	
(no more than 90) days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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)	
(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.	
04/04/2018	
Signature Lindsly B. Johnson	
(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)	
LINDSEY B. JOHNSON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	