P14000047929

(Requestor's Name)
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C. LEWIS

JUN 27 2014

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:	Swim and Fun Inc.			
DOCUMENT NUMBER:	P140 000 479 29			
The enclosed Articles of Amendme	ent and fee are submitted for filing.			
Please return all correspondence co	ncerning this matter to the following:			
	Michael Sanzo Brino Name of Contact Person			
	Swim and Fun Inc.			
8	020 Bernuda Point Lane			
Do	vie FL. 33328 City/ State and Zip Code			
	City/ State and Zip Code			
E-mail a	MSanzobrino Dyahoo. Com address: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
Michael Sa Name of Contact Pe	nzobrino at (954) 401-3326 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	5 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Sect Division of Corpo	Amendment Section Orations Division of Corporations			
P.O. Box 6327	Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to

Articles of Incorporation

14 JUN 16 PM 2: 25

O O O
Swim and Fun Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P 140 000 479 29
(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 amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) N/A
·
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:
x / \(\lambda \)
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida (City) (Zip Code)
(City) (Zip Code)
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.
$\mathcal{M}\mathcal{M}$
Signature of New Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held, President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	and/or D if necess rector titl President = Chief I r, Directe in the fo	virector be sary) Ite by the fit; T= Trea Financial for would I llowing meroporation	eing add irst letter asurer; Si Officer. be PTD. anner. C n, Sally S	ed: of the office title: = Secretary; D= Director; TR= Tru If an officer/director holds more the Currently John Doe is listed as the Pi Smith is named the V and S. These sh	irector being removed and title, name, and astee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ an one title, list the first letter of each office $CEO = Chief$ and $CEO = Chief$	
Example: X Change	PT John Doe					
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes			
X Add	<u>sv</u>	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) Change Add Remove	<u>S</u>	_		esbia Hemandez	8020 Bermuda Point Lane Davie, FL. 33328	
2) Change Add Remove	VP	<u>-</u>	Br	enda Sanzobrino	2040 Bermudu Point Lane Davie FL. 33328	
3) Change Add Remove		_				
4) Change Add Remove		_				
5) Change Add Remove		_				
6) Change		_				

Add

Remove

	heets, if necessary). (Be specific)
	/\/\f\
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<u></u>	
f an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for im	plementing the amendment if not contained in the amendment itself:
	ible, indicate N/A)
	11/0
	1
	

(850)245-6050

FILLID SECKETARY OF STATE DIVISION OF CORPORATIONS

C 1 13 14 JUN 16 PM 2: 25
The date of each amendment(s) adoption:, if other than t date this document was signed.
Effective date if applicable: (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)
(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
Signature Mulael Sealono
(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)
Michael San Zobrino (Typed or printed name of person signing)
President
(Title of person signing)