

P14000047929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

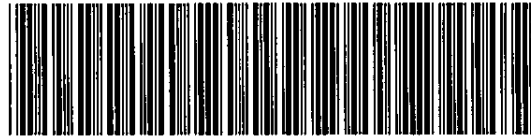
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



900267547719

*Amended*

12/19/14--01010--026 \*\*26.25

12/19/14--01010--025 \*\*8.75

FILED  
2014 DEC 18 PM 4:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
12/19/14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Swim and Fun Inc.

DOCUMENT NUMBER: P140 000 47929

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Sanzobrinio  
Name of Contact Person

Swim and Fun  
Firm/ Company

4896 10 AVE North  
Address

Greenacres FL 33463  
City/ State and Zip Code

Mike @ SWIMFUN.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Sanzobrinio at (561) 965-8834  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 DEC -4 AM 7:36

RECEIVED

26-25

\*00678, 00524 001671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2014

Michael Sanzabrino  
Swim and Fun  
4896 10 Ave. North  
Greenacres, FL 33463

SUBJECT: SWIM AND FUN INC.  
Ref. Number: P14000047929

We have received your document for SWIM AND FUN INC. and check(s) totaling \$8.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$26.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please send an additional check for \$26.25 as well as your check for \$8.75. Please include only ONE address for the registered agent. Your 2015 annual report is due in between January 1 and May 1. If you like you may wait until after January 1 and make the registered agent and officer change on your 2015 annual report instead of filing this amendment.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 614A00025653

214762  
14 DEC 18 PM 1:25  
DEPT OF  
STATE  
DIVISION OF  
CORPORATIONS  
ASSESSMENT

Articles of Amendment  
to  
Articles of Incorporation  
of

Swim and Fun Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P140 000 47929

(Document Number of Corporation (if known))

FILED

2014 DEC 18 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new 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**)

N/A

**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:**

Name of New Registered Agent

Brenda Sanzobrinio

Home →

8040 Bermuda Pt. Lane Davie FL. 33328

(Florida street address)

New Registered Office Address:

4846 10 Ave North Greenacres Florida

33463

(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.

Brenda Sanzobrinio  
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 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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Brenda Sanzabrino	8040 Bermuda Pt. Lane, Davie, FL. 33328
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	NA		
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: N/A  
(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 1  
(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 12/1/14

Signature Michael Sanzabrino  
(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 Sanzabrino  
(Typed or printed name of person signing)

President  
(Title of person signing)