TO:18506176380

FROM: 9166741357

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Division of Corporations



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(((H18000199020 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

from:

Account Name : LICENSE EXAM SERVICES

Account Number : I2012000042 Phone Fax Number

: (941)706-2336 : (866)473-0571

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

HECTORNEGRONJR.@COMCAST.NET Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ILLUSION POOL SERVICE INC.

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JUL 10 2018

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|  | COVERLETTER   |
|--|---|
| TO: Amendment Section<br>Division of Corporations  |   |
| NAME OF CORPORATION: ILLUSION POOL   | L SERVICE INC.  |
| DOCUMENT NUMBER: P15000018699  |   |
| The enclosed Articles of Amendment and fee are st  | ubmitted for filing.  |
| Please return all correspondence concerning this ma  | atter to the following:   |
| HECTOR NEGRON, JR.   |   |
|  | Name of Contact Person  |
| ILLUSION POOL SERVIC   | E INC.  |
| · · · · · · ·  | Firm/ Company   |
| 14359 MIRAMAR PARKW  | VAY, STE. 361   |
| <del></del>  | Address   |
| MIRAMAR, FL 33027  |   |
|  | City/ State and Zip Code  |
| HECTORNEGRONJR.@COMCA  | A C'T AIPT  |
|  | used for future annual report notification)   |
| E-Hall address, (w oc u  | ascu for future against report normentory   |
| For further information concerning this matter, plea   | ase call;   |
| ROBIN OCONNOR  | at (941 ) 685-0955  |
| 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:   |
| ■ \$35 Filing Fee & Certificate of Status  | □\$43.75 Filing Fee & □\$52.50 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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   |

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## Articles of Amendment to Articles of Incorporation of

| ILLUSION POOL SERVICE INC.   |   |
|--|---|
| (Name of Corporation as cu   | rrently filed with the Florida Dept. of State)  |
| P15000018699   |   |
| (Document Nur  | mber of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:   | es, this Florida Profit Corporation adopts the following amendment(s) t   |
| A. If amending name, enter the new name of the corporati   | on:   |
| C & S POOL BUILDERS, INC.  | The new   |
|  | poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the lation "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:   | HA THE  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  | Fig. , F  |
|  |   |
|  | <u> </u>  |
| D. Reiner Breathannian Land W. Carlotte  | 03  |
| D. If amending the registered agent and/or registered offic<br>new registered agent and/or the new registered office ac  |   |
| The state of the s | GGG 1 C-1772  |
| Name of New Registered Agent   |   |
|  |   |
| (Flo   | rida street address)  |
| New Registered Office Address:   | , Florida   |
| CONTRACTOR OF THE PROPERTY OF  | (City) (Zip Code)   |
|  |   |
|  |   |
| New Registered Agent's Signature, if changing Registered   | Agent:  |
| I hereby accept the appointment as registered agent. I am fan  | niliar with and accept the obligations of the position.   |
|  |   |
|  |   |
| Signature of   | New Registered Agent, if changing   |
| Signature tij  | пов подаженом провидия  |

Example:

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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= Treusurer; 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 us John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                      | <u>PT</u> | John Doe           |                    |
|-------------------------------|-----------|--------------------|--------------------|
| X Remove                      | <u>V</u>  | Mike Jones         |                    |
| X Add                         | <u>sv</u> | Sally Smith        |                    |
| Type of Action<br>(Check One) | Title     | <u>Name</u>        | Address            |
| l) Change                     | S         | PATRICIO ESTUPINAN | 14359 MIRAMAR PKWY |
| X Add                         |           |                    | STE 361            |
| Remove                        |           |                    | MIRAMAR, FL 33027  |
| 2) Change                     | V         | MARK LLERENA       | 14359 MIRAMAR PKWY |
| X Add                         |           |                    | STE 361            |
| Remove                        |           |                    | MIRAMAR, FL 33027  |
| 3 ) Change                    | -         |                    |                    |
| Add                           |           |                    |                    |
| Remove                        |           |                    |                    |
| 4) Change                     |           |                    |                    |
| Add                           |           |                    |                    |
| Remove                        |           |                    |                    |
| 5) Change                     |           |                    |                    |
| Add                           |           |                    |                    |
| Remove                        |           |                    |                    |
| 6) Change                     |           |                    |                    |
| Add                           |           |                    |                    |
| Remove                        |           |                    |                    |

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| f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)           | <del></del> .      |                |  |
|--|-------------------------|--------------------|----------------|--|
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|  | *18                     |                    |                |  |
|  |                         |                    |                |  |
| lf an amendment provides for an exch   | ange, reclassification, | or cancellation of | issued shares, |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A)         | adment if not containe  | ed in the amendme  | nt itself:     |  |
|  |                         |                    |                |  |
|  |                         |                    |                |  |
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| The date of each amendment(s) adoption:  | <b></b>   | 16                   |
|--|---|----------------------|
| date this document was signed.   |   | _, if other than the |
| Effective date if applicable:  |   |                      |
| (no more ti  | han 90 days after amendment file date)  |                      |
| Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record | applicable statutory filing requirements, this date will r  | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |   |                      |
| ☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.             | The number of votes east for the amendment(s)   |                      |
| ☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle         | s through voting groups. The following statement<br>d to vote separately on the amendment(s):                   |                      |
| "The number of votes cast for the amendment(s) was   | :/were sufficient for approval  |                      |
| by   |   |                      |
| by   |   |                      |
| ☐ The amendment(s) was/were adopted by the board of direct action was not required.  | etors without shareholder action and shareholder  |                      |
| The amendment(s) was/were adopted by the incorporators action was not required.  | without shareholder action and shareholder  |                      |
| 06/08/2018<br>Dated  |   |                      |
| Signature + ALL  |   |                      |
| (By a director, president or other selected, by an incorporator – if i appointed fiduciary by that fiduci                  | officer – if directors or officers have not been<br>in the hands of a receiver, trustee, or other court<br>ary) |                      |
| HECTOR NEGRON, JR.   |   |                      |
| (Typed or prin   | ted name of person signing)   | <del></del>          |
| PRESIDENT  |   |                      |
| (T   | itle of person signing)   |                      |