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Division of Corporations

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MAY 31 2016

K. WHITE

Account Name : SMART TAX

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ELITE ALL POOLS SERVICE CORP

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ELITE ALL PO	OOLS SERVICE CORP
DOCUMENT NUMBER: P15000041251	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
MARIA LUIZA SANTO	OS .
-	Name of Contact Person
ELITE ALL POOLS SEI	RVICE CORP
<del></del>	Firm/ Company
4057 EASTRIGDE DRIV	· · ·
	Address
POMPANO BEACH, FL	33064
	City/ State and Zip Code
YOURTAX@THESMARTTA	X.COM
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	olease call:
FERNANDA LOLA	at (954 ) 782 3610
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	tde payable to the Florida Department of State;
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
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

Francisco Control Cont

## Articles of Amendment to Articles of Incorporation

16 HAY 27 AH 10: 15

SECRETARY OF A CARA

ELITE ALL POOLS SERVICE CORP	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P15000041251	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ELITE POOL & SPA CORP	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviatio	ition," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must 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 a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	'ess:
(Florida	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:  ar with and accept the obligations of the position.  Santos

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.

X Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>ame</u>	<u>Addres</u> s			
1) X Change	P		IARIA LUIZA SANTOS	4057 EASTRIDGE DR			
Add				POMPANO BEACH, FL			
Remove				33064-1839			
2) X Change	s	_ <u>L</u>	EONCIO B OLIVEIRA	4057 EASTRIDGE DR			
Add				POMPANO BEACH, FL			
Remove				33064-1839			
3 ) Change	<del></del>						
Add							
Remove							
4) Change							
Add							
Remove							
5) Change	<u> </u>						
Add							
Remove							
6) Change			·				
Add							
Remove							

Attacl	ending or adding additiona or additional sheets, if necessa	ary). (Be specific)			
			· · · · · · · · · · · · · · · · · · ·		
<u>If an 1</u> prov (	amendment provides for an Isions for implementing the (if not applicable, indicate N	n exchange, reclassi g amendment if not ////////////////////////////////////	fication, or cancella contained in the an	ition of issued share nendment itself:	<u>s.</u>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	i
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will n Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/17/20	16 .	
Dated	Marie Luise Cantos	
(By a select	intector, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARIA LUIZA SANTOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	