P15000062918

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(В	usiness Entity Name)		
(D	ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

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SEP 1 5 2015 C. CARDOTHERS

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	RATION: PROGRESSIVE POO	DL SERVICES, INC.	<u>.</u>		
DOCUMENT NUME	BER:P15000062918				
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:			
	SHANE RODRIGUES				
		Name of Contact Person	1		
	PROGRESSIVE POOL SERVICES, INC.				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	3100 BISHOP DR				
	Address				
	SAFETY HARBOR / FLORIDA /	34695			
		City/ State and Zip Code	:		
	SHANERODRIGUES@MSN.COM				
		sed for future annual report	notification)		
	,	•			
For further information	n concerning this matter, pleas	se call:			
SHANE RODRIGUES		at (216) 248-8549		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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

FILED

Articles of Amendment to Articles of Incorporation

of

PROGRESSIVE POOL SERVICES, INC.

2015 SEP 10 PM 2: 52

(Name of Corporation a	s currently filed with the F	lorida Dept. of State)	
P15000062918			
(Document	Number of Corporation (if k	nown)	-
ursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this <i>Florida Profu Col</i>	rporation adopts the fol	lowing amendment(s)
. If amending name, enter the new name of the corpo	eration:		
VASROD, INC.			The new
ame nust be distinguishable and contain the word " Corp.," "Inc.," or Co.," or the designation "Corp," " cord "chartered," "professional association," or the abb	'Inc," or "Co". A professio		
Enter new principal office address if applicables		N/A	
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE 	<u></u>		
			<u>. </u>
Enter you mailing address if anniloshies			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
			· - · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered	office address in Florida, en	ter the name of the	
new registered agent and/or the new registered office	ce address:		
Name of New Registered Agent	N/A		
	(Florida street address)		
New Registered Office Address:	N/A	. Florida	N/A
THE WINE STATE OF THE PROPERTY.	(City)		(Zip Code)
ew Registered Agent's Signature, if changing Register tereby accept the appointment as registered agent. I am		a obligations of the posi	ition
ierevy ассері іне арроінинені as regisierea ageni.— i an	и запишт мин ини иссерт т	vonganons of the post	14/16.
	N/A		
Sienatur	re of New Registered Agent, ij	f 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.

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>	Name	Address
l) Change		N/A 	N/A
Add			
Remove			
2) Change		N/A	N/A
Add			
Remove			
3) Change		N/A	N/A
Add			
Remove			
4)Change		N/A	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			
Remove			
6) Change		N/A	N/A
Add			
Remove			

	N/A		

an amendment provides for an exch	nge, reclassification, or car	ncellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in the	he amendment itself:	
(y noi applicable, malcule tox)			
100	N/A		
			
- · · ·			

The date of each amendment(s) ad	option:	9/8/2015	, if other than the
date this document was signed.			
Effective date if applicable:		9/8/2015	
	(no more tha	n 90 days after amendment fi	le date)
Note: If the date inserted in this bl document's effective date on the Dep			rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suf		The number of votes cast for t	he amendment(s)
☐ The amendment(s) was/were appropriately provided for a			
"The mumber of votes cast i	or the amendment(s) was/v	were sufficient for approval	
by		,,, 	
	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directo	ors without shareholder action	n and shareholder
☐ The amendment(s) was/were adoption was not required.	pted by the incorporators w	vithout shareholder action and	l shareholder
09/08/2 Dated	2015		
Signature	The last	rugicas	
		fficer - if directors or officer	
	l, by an incorporator — if in ed fiduciary by that fiducia	the hands of a receiver, trust ry)	ee, or other court
	SHANE RO	DDRIGUES	
•	(Typed or printe	ed name of person signing)	
	PRESIDE	NT	,
•	(Tit	le of person signing)	