## P15000084091

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| ·                                       |
|   |
|   |

Office Use Only



300296977183

03/27/17--01013--006 \*\*35.00

SECRETARY OF STATE OF STATE OF CORPORATIONS
17 MAR 27 AM 8: 56

MAR 29 2017 C MCNAIR

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: KLEAN & KLEAR POOL SERVICES, INC  |   |   |  |  |  |
|--|---|---|--|--|--|
| DOCUMENT NUME  |   |   | ·  |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.   |  |  |  |
| Please return all corres   | pondence concerning this ma                 | tter to the following:  |  |  |  |
|  | JULIO SIMPSON                               |   |  |  |  |
|  |   | Name of Contact Person  | 1  |  |  |
|  | KLEAN & KLEAR POOL SERVICES                 |   |  |  |  |
|  |   | Firm/ Company   |  |  |  |
|  | 10090 NW 80 CT APT 1229                     | . ,   |  |  |  |
|  |   | Address   |  |  |  |
|  | MIAMI LAKES, FL 33016                       |   |  |  |  |
|  |   | City/ State and Zip Code  |  |  |  |
| kkpod  | elservice786@gmail.com                      |   |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report  | notification)  |  |  |
| For further information concerning this matter, please call:                                   |   |   |  |  |  |
| JULIO SIMPSON  | CG D  | at (  | 8993663<br>de & Daytime Telephone Number   |  |  |
| Name o   | of Contact Person                           | Area Co   | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department 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 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

## KLEAN & KLEAR POOL SERVICES INC

| (Name   | of Corporation as currently    | filed with the Florida Dept. of State)   |                       |
|---|--------------------------------|--|-----------------------|
| P15000084091  |                                |  | 3                     |
| •   | (Document Number of            | Corporation (if known)   | من الم                |
| Pursuant to the provisions of section 607 its Articles of Incorporation:            | 1006, Florida Statutes, this I | Florida Profit Corporation adopts the follo  | owing amendment(s) to |
| A. If amending name, enter the new n  | ame of the corporation:        |  |                       |
|   | ation "Corp," "Inc," or "C     | ," "company," or "incorporated" or to<br>Co". A professional corporation name n<br>P.A." |                       |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u> |                                |  |                       |
|   |                                |  |                       |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST             |                                |  |                       |
| D. If amending the registered agent an new registered agent and/or the ne           |                                |  |                       |
| Name of New Registered Agent  | JULIO SIMPSON                  |  |                       |
|   | 10090 NW 80 CT APT 122         | 9  |                       |
|   | (Florida stre                  | et address)  |                       |
| New Registered Office Address:  | MIAMI LAKES                    | Florida 330  | 16                    |
| Then Register ou Office Huaress.  | (                              | , , , , , , , , , , , , , , , , ,  | (Zip Code)            |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist |                                | ith and accept the obligations of the posit  | ion.                  |
|   | Julao                          | Snipen   | •                     |
|   | signature oj New Re            | egistered Agent, if changing   |                       |

Page 1 of 4

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<br>(Check One) | <u>Title</u> | <u>Name</u>    | Address                                 |  |
| 1) Change                     | PT           | LIANNE SIMPSON | 10090 NW 80 CT APT 1229                 |  |
| Add                           |              |                | MAIMI LAKES FL,33016                    |  |
| X Remove                      |              |                |   |  |
| 2) Change                     | PT           | JULIO SIMPSON  | 10090 NW 80CT APT 1229                  |  |
| X Add                         |              |                | MIAMI LAKES, FL 33016                   |  |
| Remove                        |              |                |   |  |
| 3) Change                     |              | <del></del>    |   |  |
| Add                           |              |                | - · · · · ·                             |  |
| Remove                        |              |                |   |  |
| 4) Change                     |              |                |   |  |
| Add                           |              |                | *************************************** |  |
| Remove                        |              |                |   |  |
| 5) Change                     |              |                |   |  |
| Add                           |              |                |   |  |
| Remove                        |              |                |   |  |
| 6) Change                     |              |                |   |  |
| Add                           |              |                |   |  |
| Remove                        |              |                |   |  |

| EMOVE LIA    | itional sheets, if necessary). (Be specific)  |
|--------------|---|
|              | ANNE SIMPSON OF PRESIDENT AND ADD TO JULIO SIMPSON AS PRESINDENT.   |
|              |   |
|              | <del></del>   |
|              |   |
|              |   |
|              |   |
| <del> </del> | <del></del>   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
| If an amen   | dment provides for an exchange, reclassification, or cancellation of issued shares, s for implementing the amendment if not contained in the amendment itself:                            |
| provisions   | dment provides for an exchange, reclassification, or cancellation of issued shares, s for implementing the amendment if not contained in the amendment itself:  applicable, indicate N/A) |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |
| provisions   | s for implementing the amendment if not contained in the amendment itself:  |

| The date of each amendmen date this document was signed |  | , if other than the           |
|---|--|-------------------------------|
| Effective date if applicable:                           | MARCH, 20 OF 2017  |                               |
|   | (no more than 90 days after amendment file date)   | <u> </u>                      |
|   | this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.                                     | ate will not be listed as the |
| Adoption of Amendment(s)                                | (CHECK ONE)  |                               |
|   | re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.   | s)                            |
|   | re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s): | ent                           |
| "The number of vote                                     | s cast for the amendment(s) was/were sufficient for approval   |                               |
| by  | (voting group)   |                               |
|   | (voting group)   |                               |
| ☐ The amendment(s) was/we action was not required.      | re adopted by the board of directors without shareholder action and shareholde   | er                            |
| ☐ The amendment(s) was/we action was not required.      | re adopted by the incorporators without shareholder action and shareholder   |                               |
| MAR<br>Dated  | CH, 20 OF 2017   |                               |
|   | Julio Carlos   |                               |
| Signature   | By a director, president or other officer – if directors or officers have not been   |                               |
| S   | elected, by an incorporator – if in the hands of a receiver, trustee, or other cour<br>ppointed fiduciary by that fiduciary)                         | rt                            |
|   | JULIO SIMPSON  |                               |
|   | (Typed or printed name of person signing)  | ·                             |
|   | VICEPRESIDENT  |                               |
|   | (Title of person signing)  |                               |