

P15000099769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

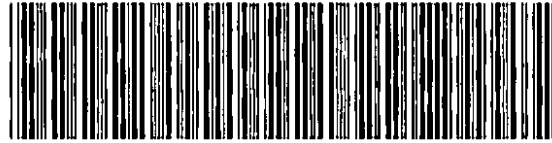
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000324970670

02/25/19--01010--008 **35.00

FILED
19 MAR 18 AM 7:24
TALLAHASSEE, FLORIDA

MAR 19 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2019

RANDY CRAIG
SPLASH DANCE POOLS AND SPA INC
7701 40 TERRACE N
ST PETE, FL 33709

SUBJECT: SPLASH DANCE POOLS & SPA, INC.
Ref. Number: P15000099769

We have received your document for SPLASH DANCE POOLS & SPA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CANNOT USE PROFIT BENEFIT FORM

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 919A00004515

RECEIVED

2019 MAR 18 PM 3:23

SECRET
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Splash Dance Pools and Spa Inc.
DOCUMENT NUMBER: P15000099769

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

Please return all correspondence concerning this matter to the following:

Randy Craig
Name of Contact Person
Splash Dance Pools and Spa Inc.
Firm/ Company
7701 40 Ter. N.
Address
St. Pete., Fl. 33709
City/ State and Zip Code
sdpools
~~sdpools~~ 00@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Craig at (727) 580 8778
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 | ☐ \$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

Splash Dance Pools and Spg Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

P 150000 99769

(Document Number of Corporation (if known))

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)

7701 40 Terrace N.
St. Pete., FL 33709

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7701 40 Terrace N.
St. Pete., FL 33709

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

Randy Craig

7701 40 Terrace N.

(Florida street address)

New Registered Office Address:

St. Pete., FL

(City)

33709

(Zip Code)

With 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.

[Signature]

Signature of New Registered Agent, if changing

FILED
19 MAR 18 AM 7:24
TALLAHASSEE FLORIDA

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) ☐ Change

☒

Nancy Craig

6485 40 ave. N

☐ Add

St. Pete., FL.

☒ Remove

33709

2) ☐ Change

☒

Renea Gorza

663 S. Baldwin ave

☒ Add

White Cloud, Mi

☐ Remove

49349

3) ☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ ~~wrong~~ 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 _____."
(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 3-8-19 (original 2-20-19)

Signature _____
(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)

Randy Craig
(Typed or printed name of person signing)

Owner & DP
(Title of person signing)