

P16000010716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

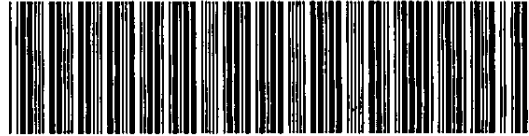
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000283793030

000283793030
04/25/16--01030--005 **43.75

16 MAY -9 PM 2:54
DIVISION OF CORPORATIONS
SECRETARY OF STATE

MAY 10 2016

C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2016

JANICE M. SUFFREDINI
HYDRO POOL & SPA INC
5937 NW 54TH CIRCLE
CORAL SPRINGS, FL 33067

SUBJECT: HYDRO POOL & SPA INC
Ref. Number: P16000010716

FILED STATE
SECRETARY OF CORPORATIONS
16 MAY -9 PM 2:54

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R. McNair
Regulatory Specialist II

Letter Number: 716A00008653

RECEIVED
16 MAY -9 AM 10:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Hi CHERYL,

5/4/16

PER Your DIRECTION, AMENDMENT
FORM CHECKED

THANK You,

Bob Suffredini *Janice M. Suffredini*
www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HYDRO POOL & SPA, INC

DOCUMENT NUMBER: P16000010716

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

Please return all correspondence concerning this matter to the following:

JANICE M. SUFFREDINI

Name of Contact Person

HYDRO POOL & SPA, INC

Firm/ Company

5937 NW 54TH CIRCLE

Address

CORAL SPRINGS/FL 33067

City/ State and Zip Code

hydropoolspa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE M. SUFFREDINI

at (954) 345-9739

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

FILED STATE
CLERK OF COURTS
DIVISION OF CORPORATIONS
16 MAY -9 PM 2:51

Articles of Amendment
to
Articles of Incorporation
of

HYDRO POOL & SPA, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000010716

(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**)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New 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 of New Registered Agent, if changing

RECEIVED
DIVISION OF CORPORATE AFFAIRS
16 MAY -9 PM 2:51

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> <u>Change</u>	<u>V</u>	<u>ROBERT SUFFREDINI</u>	<u>5937 NW 54TH CIRCLE</u>
<input type="checkbox"/> <u>Add</u>			<u>CORAL SPRINGS, FL 33067</u>
<input type="checkbox"/> <u>Remove</u>			
2) <input type="checkbox"/> <u>Change</u>	<u>PT</u>	<u>JANICE M. SUFFREDINI</u>	<u>5937 NW 54TH CIRCLE</u>
<input checked="" type="checkbox"/> <u>Add</u>			<u>CORAL SPRINGS, FL 33067</u>
<input type="checkbox"/> <u>Remove</u>			
3) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
4) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
5) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
6) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. 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)

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)

- ☐ 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.

4/20/16
Dated _____

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)

JANICE M. SUFFREDINI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)