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JAN 1 0 2019 S. YOUNG

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ABACO POOLS.	INC.	
DOCUMENT NUM		<del></del>	<u>!</u>
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Daniel Sanchez, Esq.		1
		Name of Contact Person	<u> </u>
		Firm/ Company	······································
	12000 SE Old Dixie Highwa	y	
	<u> </u>	Address	
	Hobe Sound, FL 33455		
		City/ State and Zip Cod	e
dsan	chezesquire@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	203	548-7022
Name	of Contact Person	at (	de & Davtime Telephone Number
	or the following amount made		.
□ \$35 Filing Fee	S43-75-Filing.F.ce.& Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327! lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle

## Articles of Amendment to Articles of Incorporation of

ABACO POOLS, INC.

(Name of Corporation as currently filed with the Florida Dept.	of State)
P1600018489	or chare,
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> addits Articles of Incorporation:	opts the following amendment(s) t
A. If amending name, enter the new name of the corporation: ABACO SOLDCO, INC.	
name must be distinguishable and contain the word "corporation," "company," or "incorpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporat word "chartered," "professional association," or the abbreviation "P.A."	The new rated" or the abbreviation from name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAHASS
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	9 PR 2: 3
Name of New Registered Agent N/A	β ω
(Florida street address)	<u>'</u>
New Registered Office Address:	 Florida(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    N   A	of the position.

P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note	Presiden = Chief eer, Direct d in the fo	Financial Officer. If an officer/director ho for would be PTD. ollowing manner. Currently John Doe is list	or: TR= Trustee: C = Chairman or Clerk: CEO = Chief lds more than one title, list the first letter of each office red as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remov	v, and Sa	lly Smith, SV as an Add.	!
Example: X Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	•
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		<i>N/A</i>	
Add			
Remove			
2) Change			<del></del>
Add			
Remove			<u> </u>
3)Change		<del>-</del>	
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 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, (f necessary) -

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
a1/p	
	-
	,
If an amendment provides for an exchange, reclassification, or cancellat	ion of issued shares
provisions for implementing the amendment if not contained in the ame	endment itself:
(if not applicable, indicate N/A)	1
N/A	
,	ĺ
	<u>'</u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: N/A	
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 document's effective date on the Department of State's records.	will not be listed as the
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.	
JANUARY 2, 2018	
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)	
LOUIS MORELL	
(Typed or printed name of person signing)	
V. President	
(Title of person signing)	

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del></del> e #)
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JAN 1 0 2018 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Exacta Land Surv	veyors Inc.	
DOCUMENT NUME	P04000027192		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Chuck Bartsche		
		Name of Contact Perso	n
	Exacta Land Surveyors Inc.		
		Firm/ Company	
	2132 East 9th Street - Suite		
		Address	<u> </u>
	Cleveland, Ohio 44115		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
chuçl	dartsche@exactaland.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas		· ·
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Dep	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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Exacta Land Surveyors Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P04000027192 (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: (City) 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

address of each Office Attach additional sheet Please note the officer/o P = President; V= Vice	r and/or I s, if neces lirector tit Presiden	Director I sary) le by the j t: T= Tre	oeing added: first letter of the office title: vasurer; S= Secretary; D= Director; TR=	Trustee; C = Chairman or Clerk; CEO = Che than one title, list the first letter of each off.	ief
held. President, Treasui Changes should be note	er, Directed in the fo yaves the o	or would bllowing r corporation	he PTD. nanner. Currently John Doe is listed as th on, Sally Smith is named the V and S. Thes	e PST and Mike Jones is listed as the V. There e should be noted as John Doe, PT as a Chang	, is
X Change	<u>PT</u>	John D	<u>oe</u>		
$\underline{X}$ Remove	<u>v</u>	Mike J	<u>ones</u>	•	
X Add	<u>SV</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	S	_	Keith Stephenson	2237 Hampstead Court - Suite 1	
Add				Lehigh Acres, FL 33973	
X Remove				· · · · · · · · · · · · · · · · · · ·	
2) X Change	S		Ronald W. Walling	1802 SE 8th Place	
Add		<del></del>		Cape Coral, FL 33990	
Remove					
3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add				<del></del>	
Remove					
6) Change					
Add					
<del></del>					
Remove					

f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issu	ed shares,
provisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A)	tself:
ty way approach, mateur 1911)	1
-	
	<u> </u>

The date of each amendment(s) ad	option:	, 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 b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	u
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated/. 5	5.1 <b>8</b>	
Signature	mit	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Scott Shelfer	
•	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	