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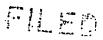
TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: POOL MEDIX CA	ARE & MORE, INC.				
DOCUMENT NUMI	BER: P16000079475					
	of Amendment and fee are su	abmitted for filing.				
Please return all corres	pondence concerning this ma	itter to the following:				
	Douglas W. Grissinger					
	Name of Contact Person					
	Mellor, Grissinger & Backo, LLP					
		Firm/ Company	-			
	13801-D Tamiami Trail					
	Address					
	North Port, FL 34287					
		City/ State and Zip Cod	e			
howa	rdr34@hotmail.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Douglas W. Grissinger		at (de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	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)			
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



POOL MEDIX CARE & MORE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) P16000079475 (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." 24325 Harborview Road #C-14 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Punta Gorda, FL 33980 C. Enter new mailing address, if applicable: 24325 Harborview Road #C-14 (Mailing address MAY BE A POST OFFICE BOX) Punta Gorda, FL 33980 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: Howard Ragsdale Name of New Registered Agent 24325 Harborview Road #C-14 (Florida street address) Punta Gorda 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

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: X Change	PT John	n Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P. T. D	Michael B Bradley	14361 Chancellor Blvd.	
Add	_		Port Charlotte, F1, 33953	
Remove 2) Change	S	Amy Bradley	14361 Chancellor Blvd.	
Add			Port Charlotte, FL 33953	
$\frac{X}{X}$ Remove 3) $\frac{X}{X}$ Change	P. T. D	Howard Ragsdale	24325 Harborview Road #C-14	
Add Remove			Punta Gorda, FL 33980	
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change				
Add Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
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<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

	December 15, 2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
December Dated	15, 2017	
Signature /	12/11/16	
(By fi e selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	Michael B Bradley	
	(Typed or printed name of person signing)	
	P. T. D	
	(Title of person signing)	