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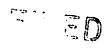
COVER LETTER ·

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: HEFFS POOL SEE | RVICE, INC. | |
|--|--|--|
| DOCUMENT NUMBER: P16000096494 | | |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | |
| Please return all correspondence concerning this made | tter to the following: | |
| HEFFORD, ANDREW | | |
| | Name of Contact Person | 1 |
| | Firm/ Company | |
| 1158 YORKSHIRE STREET | • | |
| | Address | |
| PORT CHARLOTTE, FL 33 | 952 | |
| | City/ State and Zip Code | 2 |
| drewheffind@gmail.com | REWHEFFOR | ne GMAIL, COCH |
| E-mail address: (to be us | sed for future annual report | notification) |
| For further information concerning this matter, pleas | se call: | |
| ANDREW A HEFFORD | 941 at (| . 210 - 1744)de & Daytime Telephone Number |
| Name of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the following amount made p | payable to the Florida Depa | rtment of State: |
| ■ \$35 Filing Fee | □S43.75 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 | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2019 JUL <u>18 AM II: 18</u> HEFFS POOL SERVICE, INC. (Name of Corporation as currently filed with the Florida Dept, of State) P16000096494 (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: HEFFS INC. 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 <u>MUST BE A STREET ADDRESS</u>) 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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar 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 offic held. President, Treasurer, Director would be <math>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: \underline{X} Change | <u>PT</u> | John Doc | |
|---------------------------------|--------------------------|-------------|---------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
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| Add | | | |
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| | adoption:, if other |
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| 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 document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be liste Department of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were ac by the shareholders was/were s | dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval. |
| | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas | st for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| | |
| ☐ The amendment(s) was/were action was not required. | dopted by the board of directors without shareholder action and shareholder |
| action was not required. | dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder |
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| action was not required. The amendment(s) was/were action was not required. Dated Signature (By a select | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) ANDREW A HEFFORD |