PINOUCESS.

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	



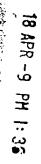


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And

R. WHITE APR 1 1 2018



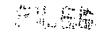
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TON: R&R Swimming P	ools, Inc	
DOCUMENT NUMBER	P17000028365		
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspor	dence concerning this ma	tter to the following:	
Ric	hard S Billette		
<u></u>		Name of Contact Person	l
R&	R Swimming Pools, Inc.		
***************************************		Firm/ Company	
PO	Box 361		
		Address	
Tar	gerine FL 32777		
		City/ State and Zip Code	
PandPCu	vimmingPools@gmail.com	n	
Kanuks		sed for future annual report	notification)
	is man address. (10 00 ac	ou tot tuture unitual report	nonneason,
For further information co	ncerning this matter, pleas	se call:	
Richard S Billette		nt (904	377-9458
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	rtment 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 Tallabassee, 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



- 18 APR -9 PM 1: 36

R&R Swimming Pools, Inc

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

P17000028365			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new nar	ne of the corporation:		
	tion "Corp," "Inc," or '	The on," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain "P.A."	ation
B. Enter new principal office address, if	applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1333 Merion Dr	
		Mt Dora FL 32757	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O			_
		PO Box 361	
		Tangerine FL 32777	_
D. If amending the registered agent and			
new registered agent and/or the new		<u>s:</u>	
Name of New Registered Agent	Richard S Billette		
	1333 Merion Dr		
-	(Florida st	reet address)	
New Registered Office Address:	Mt Dora	, Florida 32757	
-		(City) (Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am familiar	t: with and accept the obligations of the position.	
New Registered Office Address: New Registered Agent's Signature, if ch	(Florida st Mt Dora anging Registered Agent	, Florida 32757 (City) (Zip Code)	

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	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	•
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		Roderick E Billette	7751 Sadler Rd
Add x Remove				Mt Dora FL 32757
2) X Change	e Py	ΔZS	Richard S Billette	1333 Merion Dr
Add				Mt Dora FL 32757
Remove				
3) Change		_		
Add				
Remove				
4) Change		····		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Pemove				

<mark>f amending or</mark> Attach <i>additiond</i>	ndding additional Articles, l sheets, if necessary). (B	enter change(s) here e specific)	<u>2</u> ;		
NA		,			
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provisions for	t provides for an exchang mplementing the amendm	e, reclassification, or lent if not contained	n the amendment it	ed snares, self:	
	icable, indicate N/A)				
N/A		49-44-4			
					<u>-</u>
					<u>. </u>

The date of each amendment(date this document was signed,	s) adoption:	04/01/18		, if other than the
Effective date <u>if applicable</u> :				
		(no more than 90 days aj	ster amendment file date)	
Note: If the date inserted in the document's effective date on the			utory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>C</u>)	HECK ONE)		
☐ The amendment(s) was/were by the shareholders was/wer			of votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were must be separately provided			ng groups. The following state urately on the amendment(s):	ment
"The number of votes	cast for the ame	endment(s) was/were sufficie	ent for approval	
by				
	(ve	oting group)		
The amendment(s) was/were action was not required.	adopted by the	e board of directors without	shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	adopted by the	e incorporators without share	cholder action and shareholder	
04/01/2	2018			
Dated/ Signature	RSI	Billit		
sel	ected, by an inc		irectors or officers have not been a receiver, trustee, or other co	
	Richard S	Billette		
		(Typed or printed name of	person signing)	
	President			
		(Title of person	signing)	