## P17000040215

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## **COVER LETTER**

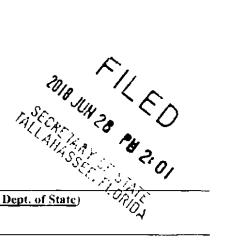
TO: Amendment Section Division of Corporations

«

NAME OF CORPOR	RATION: POOLPLUS SER	VICES INC.	
DOCUMENT NUME	P17000040715		
The enclosed Articles	of Amendment and fee are se	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUCIENE M. OLIVEIRA		
		Name of Contact Person	1
	<del></del> .	Firm/ Company	
	4321 NW 1ST DR		
	Address		
	DEERFIELD BEACH, FL 3	3442	
		City/ State and Zip Cod	e
CON	TACT@PRECISIONBUSIN	ESSDEVELOPMENT.NET	r
	E-mail address; (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
LUCIENE M. OLIVEIRA		at ( 561	de & Daytime Telephone Number
Name o	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	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)
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

## Articles of Amendment to Articles of Incorporation of



POOLPLUS SERVICES INC.

(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
P17000040215	· 04	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
AC EXPRESS PLUS SERVICES INC	The new	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	4321 NW IST DR	
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH, FL 33442 US	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4321 NW 1ST DR	
	DEERFIELD BEACH, FL 33442 US	
D. If amending the registered agent and/or registered office ad	droes in Florida, unter the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	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 familian		
Signature of Nov	Registered Agent it changing	
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> <u>Joh</u>	n Doc			
X Remove	<u>V</u> <u>Mil</u>	Mike Jones			
<u>X</u> Add	<u>SV</u> <u>Sall</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	P	OLIVEIRA, SAMUEL	4321 NW 1ST DR		
Add X Remove			DEERFIELD BEACH, FL 33442		
2) Change	PT	GLEISSON M. OLIVEIRA	4321 NW 1ST DR		
X Add			DEERFIELD BEACH, FL 33442		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	······································
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angular itself:
(if not applicable, indicate N/A)	Hapten Hapt contained in the amendment testar.

The date of each amendment(s) ade	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	oved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and sharehold	ler
Dated Signature (By a directed appointed appointed by a directed by a directed appointed by a directed by a di	bited by the incorporators without shareholder action and shareholder  5	
-	(Typed or printed name of person signing)	<del></del>
,	VICE PRESIDENT	
-	(Title of person signing)	<del></del>