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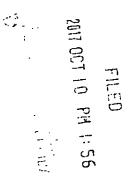
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: POOLES SW INC DOCUMENT NUMBER: P17000047320 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL POOLER Name of Contact Person POOLER SW INC Firm/ Company 652 GLEN GROVE LV Address ORLANDO FL 32839 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 403-3517 Area Code & Daytime Telephone Number MICHAEL POOLER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

POOLES SW INC

FILED

2017 OCT 10 PH 1:56

(Name of Corporation as currently filed w	ith the Florida Dept. of State)
P17000047320	
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
POOLER SW INC	The new
name must be distinguishable and contain the word "corporation," "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation
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 F new registered agent and/or the new registered office address:	Torida, enter the name of the
Name of New Registered Agent	
(Florida street addr	(58)
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 analysis.	accept the obligations of the position.
Signature of New Register	ed Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/d. P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or E s, if necess irector tit. Presiden = Chief s er, Direct d in the fo aves the c	Director besary) Ite by the f It; T= Tree Financial or would is orporation	irst letter of the office title: asurer; S= Secretary; D= Director; TR= I Officer. If an officer/director holds more be PTD. tanner. Currently John Doe is listed as the on, Sally Smith is named the V and S. These	Trustee; than one PST an	C = Chairman or Clerk; CEO = Chief e title, list the first letter of each office I Mike Jones is listed as the V. There is
Example: X Change	<u>PT</u>	John De	<u>oe</u>	ı	
X Remove	<u>V</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally St	nith	l	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Add	ress
1) Change		_			
Add					_
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add		_			

__ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
ADD EIN 82-1668707	
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued sh	ares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
05/26/	17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	<i>e)</i>
Note: If the date inserted in this blo document's effective date on the Department	ock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the an icient for approval.	nendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	ing statement ent(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and share	eholder
O7/28/17 Dated	ector, president or other officer - if directors or officers have	e not been
selected	by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
;	MICHAEL POOLER	
-	(Typed or printed name of person signing)	
I	PRESIDENT	
_	(Title of person signing)	