P18000024443

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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Amend Mame

MAR 20 2018 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: POSIS SQUAD OF FL IOC. BOCUMENT NUMBER: P18000024443				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Shavon Jackson Name of Contact Person				
Paul Squad of FL toc.				
9057 Plymouth Pl				
Tamarac F1 33321				
City/ State and Zip Code Total Gual Gual Com H-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Shavon Tackson at (954), 702-9347 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Sas Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

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	cles of Amendment to cles of Incorporation of L JOC Separately filed with the Floride Dept. of State)
Artic	eles of Incorporation
Pool Squad of P	L Inc MUNICIPAL 84
(Name of Corporation as	currently filed with the Florida Dept. of State)
P18000024443	3
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
THE POOL SOUR	AN OF FLORIDA INC. The new
name must be distinguishable and contain the word "co". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the
	4846 NUniversity Drive
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	S) Col
	37. 559
	Lauderhill, Fl 33351
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	4846 N University Dive
	St. 554
	Lauderhill, F1 33351
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
4846	N University Drive St. 554 Florida street address)
New Registered Office Address: Lauder	all 51.1 23251
New Registered Office Address: COOCT	(City), Florida 33351 (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	jamuliar with and accept the obligations of the position.
<u></u>	
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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
 	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than the 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 3/16/18 / A. A. A.
Signature Signature
(By a director, president or other office — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Shavon Jackson
(Typed or printed name of person signing)
President
(Title of person signing)