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SECRETARY OF STATE
JALLAHASSEELFLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE POOL SHOP	DISTRIBUTORS, INC			
DOCUMENT NUMB	ER:				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Picase return all corres	pondence concerning this ma	tter to the following:			
	JOSE A VALCARCEL MAI	RRERO			
-		Name of Contact Perso	n		
	THE POOL SHOP DISTRIBUTORS, INC				
-		Firm/ Company			
	PO BOX 702112	• •			
-		Address			
	SAINT CLOUD, FL 34770				
•		City/ State and Zip Cod	le		
JOSE(ŵPOOLSHOPPR.COM				
	•	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JOSE A VALCARCE	, MARRERO	787 at (406-7266		
Name o	f Contact Person	Area Code & Daytime Telephone Nu			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State;		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address inducent Section sion of Corporations Box 6327 hassee, F1, 32314	Amen Divisi Cliftor	Address dment Section on of Corporations a Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment 10 Articles of Incorporation υť

THE POOL SHOP DISTRIBUTORS, INC		
(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P19000040663		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		177
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	The new the abbreviation the must contain the
B. Enter new principal office address, if applicable:	1011 EXCHANGE PL STE 104"	IAS 19
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD, FL 34769	三
		SSS.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 702112	PH 7:
	SAINT CLOUD, FL 34770	NDA 15
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent		
(Florida)	street address)	
New Registered Office Address: Flo		tZin Coder
	12.09,	,p :,
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian		Silvon.
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 Doc 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 Doc, PT as a Change Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
1) Change			
4) Change		····	
Add Remove			
Kemove			
51 Change			
Add			
Remove			
A) 2%			
6) Change			
Add			
Remove			

Attach addition	r adding additional Art nal sheets, if necessary).	(Be specific)				
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<u></u> -						
			 			
f an amandar	ent provides for an exc	hanna roclassific	itian ar cancella	tion of iccount ch	arec	
nravisians fo	r implementing the am	endment if not co	ntained in the am	endment itself:	ar co.	
(if not an	plicable, indicate N/A)	enoment ii not co	attanica in the ann			
(9) 300 447	, , , , , , , , , , , , , , , , , , ,					
		·				
						

	JULY 2, 2019	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
	LY 2, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this obepartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	u(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/02/20	١٩	
Dated	<u> </u>	
	1/1/2010	
Signature	1 1/10/ el	
	director, president or other officer - if directors or officers have not been	n
	lyd, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
арро	inted fiduciary by that fiduciary)	
	JOSE A VALCARCEL MARRERO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	