## P19000089742

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	f)
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## COVER LETTER

TO: Amendment Se Division of Cor			,	
NAME OF CORPO	ORATION: HEARTLAND PO	OL SERVICE, INC.		
	IBER: P19000089742			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	W. Kyle Thompson			
		Name of Contact Person	<u> </u>	
	Rider & Thompson, P.A.			
		Firm/ Company		
	13 N. Oak Ave			
		Address		
	Lake Placid, FL 33852			
		City/ State and Zip Code		
	darryl@heartlandpoolservice.	.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
W. Kyle Thompson		at ( 863	de & Daytime Telephone Number	20
Name	of Contact Person	Area Coc	de & Daytime Telephone Number	- 5
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ortment of State:	752 + 9 753 + 9
■ \$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)	P.Y.12: L4

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

HEARTLAND POOL SERVICE, INC.

(Name	of Corporation as currer	tiv filed with the Florida Dept. of State)
P19000089742		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendr
A. If amending name, enter the new r	name of the corporation:	
N/A		The ne
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp. A professional corporation name must contain the wo
B. Enter new principal office address.	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
(Muning audiess WAT BE A FOST	OFFICE BOX	
 D. If amending the registered agent a	nd/or registe <u>red office ad</u>	dress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	N/A	
	(Florida s	treet address)
N 10 1 200 411	N/A	ri da
New Registered Office Address:		(City) , Florida (Zip Code)
New Registered Agent's Signature, if c		
hereby accept the appointment as regist	lered agent. I am familiar	with and accept the obligations of the position.
	Signature of New 1	Registered Agent, if changing

Check if applicable  $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>1.4</u>	John Doe	
X Remove	¥	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PD	Darryl A. Wirick	808 Apthorpe Ave.
Add			Lake Placid, FL 33852
Remove			
2) Change	T	C. Diane Wirick	P.O. Box 309
X Add			Lake Placid, FL 33862
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Remove			
6) Change			<del></del>
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
/A	
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. If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
<del></del>	

March 20, 2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
March 20, 2020  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 document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
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	
The same of the sa	
by"	
(voting group)	
Signature  (By a director, president or other officer – 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)	_
Darryl A. Wirick	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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