## P20000000858

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	ocument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPORA	ATION: Housen	1 fool Service	ce Inc	
DOCUMENT NUMBI	ER: P 2 0000000	828		
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.		
Please return all corresp	ondence concerning this ma	ter to the following:		
-		Name of Contact Persor		
-	14 q U ~ S	Pirm/Company	evice Inc.	
-	1240 F.	ViTland Hu Address	)C	
-	Clentwa	City/ State and Zip Code	16 Y	
	·	ed for future annual report	notification)	
	Snell		de & Daytime Telephone Number	
	the following amount made			
S35 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## **Articles of Amendment**

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to

## Articles of Incorporation

of

A qua Selv Pool Scr (Name of Corporation as current	vice Inc.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P2 000000085	8	
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	it(s) to
A. If amending name, enter the new name of the corporation:		
NA	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEGULATION AND BE	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	Iress in Florida, enter the name of the	
Name of New Registered Agent	V /	
tFlorida sti	treet address)	
New Registered Office Address:	(City) , Florida (City)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.	
Signature of New F	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>John</u>	ı <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Jessica Lulucki	1240 FIVITION AUC CLERINATER FL 33764
X Add			Clec/Water FL.33764
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change	<del></del>	<u></u>	
Add			
Remove			

E. If amendi (Attach ad	<mark>ing or</mark> a lditiona	i <mark>dding addit</mark> I sheets, if ne	ional Articles cessary). (E	s <mark>, enter cha</mark> Be specific)	nge(s) here	<b>:</b> :		
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F Ifaname	ndmen	it nravides f	ar an evehune	ae reclassit	fication, or	cancellation of i	ssued shares.	
provisio	ns for i	mplementin icable, indica	g the amenda	ment if not	contained	n the amendmen	nt itself:	
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The date of each amendment(s) adoption: Jan 10, 10,20	
date this document was signed.	
Effective date if applicable: January 10, 2026 (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 v document's effective date on the Department of State's records.	vill not be listed as the
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	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
Signature Buy Suc  (By a director, president or other officer – if directors or officers have not been	
Signature Bun Sul -	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	<u> </u>
(Title of person signing)	