P20000069357

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SEURETARY OF STATE OF NOV 28 PM 12: 36

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TYHMCOO Corpo	pration	
DOCUMENT NUM	BER: P20000069357		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Peter C Bodem		
		Name of Contact Person	1
	Thymcoo Corporation		
	<u> </u>	Firm/ Company	
	56 Wye Drive	Time Company	
		Address	
	Ormond Beach, FL 32176		
		City/ State and Zip Code	e
	peterbodem@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
Peter C Bodem		at (³⁸⁶	317-1111
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TYHCOD COrpora	tion		
(Name of Corporation as curren	atly filed with the Florida Dept. of State)		
Y2000069	<i>357</i>		
(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 following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
Pool Science Florida, Inc.	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	56 Wye Drive		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ormond Beach, Fl 32176		
C. Enter now welling address if anythinkly			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	56 Wye Drive		
	Ormond Beach, FL 32176		
.			
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre			
Name of New Registered Agent			
- The state of the			
(Florida s	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature if shapping Registered Agent	•.		
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familiar	n.; with and accept the obligations of the position.		
·			

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change			
Add			
Remove			 .
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additior	adding additional Art al sheets, if necessary).	(Be specific)			
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	.				
an amendme	nt provides for an excl	hange, reclassific	ation, or cancella	tion of issued shar	es,
rovisions for	implementing the ame licable, indicate N/A)	endment if not co	ntained in the am	endment itself:	
(9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		 .	

The date of each amendment(s) adopti	on:	, if other than t
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days	s after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.		statutory filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each		voting groups. The following statement eparately on the amendment(s):
"The number of votes cast for th	ne amendment(s) was/were suff	ficient for approval
by		
	(voting group)	
Dated	8/22	
selected, by		f directors or officers have not been dis of a receiver, trustee, or other court
	CTyped or printed name of	Boden
	Rejistised A	or person signing)
	(Title of person signing)) / - / ·