From: Shata Carnanah 5/11/23, 11:26 AM

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813)932-5244 Fax Number

: (813)932-3782

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: INFO@ACTIVATEMYLICENSE.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPARKING POOL SERVICES INC

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Page: 2 of 6

05/11/2023 11:37 AM

COVER LETTER

For further information concerning this m		
For further information concerning this m	natter, please cali:	
E-mail address	ss: (to be used for future annual report notification)	
	info@activatemylicense.com	6.2
	City/ State and Zip Code	2023 HAY 11 AM 8: 20 SYALLAMASSEE, FL
	Tampa, FL 33613	
	Address	
13795 N Nebraska Ave		
Firm' Company		下: 艺
CON	TRACTORS REPORTING SERVICE, INC	0231
	Name of Contact Person	
	SHANA CARNAHAN	
Please return all correspondence concerni	ing this matter to the following:	
The enclosed Articles of Amendment and	d fee are submitted for filing.	
DOCUMENT NUMBER:	P23000029892	
NAME OF CORPORATION:	SPARKING POOL SERVICES INC	····
Division of Corporations		

Certified Copy

enclosed)

(Additional copy is

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

SPARKING POOL SERVICES INC	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P23000029892	
(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
SPARKLING POOL SERVICE & SUPPLIES INC	The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". */ "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE FL
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	vet address)
New Registered Office Address:	(City) , Florida //Lip Code)
	TAP Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of New Ro	egistered Agent, if changing
Z33 - 1 to - 15 - 14	

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

To: DocuSign Envelope ID: 42A38918-7959-4286-9994-F941A86BD5A0

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.

X Change	<u>P1</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			2023 HAY
Add			
Remove			
2) Change	-	_	
Add			20
Remove Change			
Add			·
Remove			B1 12-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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From: Sharta Carriahan Fax: 18139325244 To:
DocuSign Envelope ID: 42A38918-7959-4286-9994-F941A86BD5A0

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	ASS.
an amendment provides for an eychange, reclassification, or cancellation of is:	sued shares.
rovisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	t itself:
(if not approache, material (mit)	

(Title of person signing)

Fax: (850) 617-6380

From: Sharfa Carnahan

Fax: 18139325244

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