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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FLORIDA POOL	PROFESSIONALS, INC.	
DOCUMENT NUM	P07000066170		
The enclosed Article	es of Amendment and fee are st	abmitted for filing.	
Please return all con	respondence concerning this ma	ntter to the following:	
	JERALD L. RYAN		
		Name of Contact Perso	n
	4171 TARRON AVE	Firm/ Company	
	4471 TARPON AVE	Address	
	BONITA SPRINGS, FL 341		
		City/ State and Zip Cod	e
	JERALDRYANI@YAHOO	.СОМ	
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	ion concerning this matter, plea	se call:	
JERALD L. RYAN		_ at (239	777-4482
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check:	for the following amount made	payable to the Florida Depa	artment of State:
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 Tallahassec, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FLORIDA POOL PROFESSIONALS, INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation: N/A	
	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:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	tress in Florida, enter the name of the
new registered agent and/or the new registered office addres	SS:
N/A Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	.
	Ĺ
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
	and the state of t
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	PT Joh	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	AMBR	LUIS RODRIGUEZ	19113 ACORN ROAD
Add X Remove			FORT MYERS, FL 33967
2) Change	DPS	JERALD E. RYAN	4471 TARPON AVE.
Add			BONITA SPRINGS, FL 34134
X Remove Change	DPS	JERALD L. RYAN	
X Add			4471 TARPON AVE.
Remove			BONITA SPRINGS, FL 34134
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	, if necessary).	(Be specific)				
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f an amendment provid	des for an exch	ange reclassificat	tion or cancellatio	n of issued share	c	
provisions for impleme	enting the amer	ndment if not con	tained in the amen	dment itself:	<u>3,</u>	
(if not applicable, in	ndicate N/A)					
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The date of each amendment(s) a ate this document was signed.	adoption:, if other than the
ffective date <u>if applicable</u> :	· .
	(no more than 90 days after amendment file date)
lote: If the date inserted in this ocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
30/04/2 Dated	24
Signature Jeulda P.	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
•	JERALD L. RYAN .
	(Typed or printed name of person signing)
	DPS
	(Title of person signing)