P1100000979

(Requestor's Name)
. (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100197246231

03/11/11--01011--015 **35.00



10 3/1201

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION: Wave S	Spin Reds, Inc	,
DOCUMENT NU	MBER: <u>P11 DDD</u>	DD979	
The enclosed Artic	eles of Amendment and fee ar	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
	Sandra M	onne of Contact Roson	
	WoweSpin R	eels Trc. Firm/Company	
	5910 Pine Hi	III Road Unit # 8	<u> </u>
	Port Richer	FL 34668 ty/ State and Zip Code	
	E-mail address: (to be used	oves pin reel. com	<u> </u>
For further informa	ntion concerning this matter.	please call:	
Sandra	of Contact Person	at (727) 845-9 Area Code & Daytime Tele	phone Number
Enclosed is a check	k for the following amount m	ade payable to the Florida Departi	nent of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmer		Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	Contly filed with the Florida	Dont of State)	
	entry med with the Florida	Dept. of State	
P 11 00000 979 (Document Nu	mber of Corporation (if knov	vn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts	the following
A. If amending name, enter the new name of	of the corporation:		
WaveSpin Reels Transme must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered." "pro-	the word "corporation." e designation "Corp." "Inc.	"company." or "incorporated" " or "Co". A professional corp	The new or the poration
B. Enter new principal office address, if app	plicable:		
Principal office address <u>MUST BE A STREI</u>	ET ADDRESS)	·•	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in	Florida, enter the name of the	FILES.
Name of New Registered Agent			
Name of iven Registered Agent	A BASSAM POPULATION OF THE PROPERTY OF THE PRO	-	
New Registered Office Address:	(Florida street ac	ldress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if change hereby accept the appointment as registered to		nd accept the obligations of the p	osition.
	Signature of New Registered	Agent, if changing	

The date of each amendment(s) adoption: 3/8/2011 (date of adoption is required)
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated3	18/2011 L. M. 6
Signature (By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Sondra Manning (Typed or printed name of person signing)
	VPST (Title of person signing)