P1400022537

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PICK-UP	☐ WAIT	MAIL
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JUL 07 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Moving Waters	Massage & Spa, Inc.			
DOCUMENT NUMBER: P14000022537				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	natter to the following:			
Jerry D. Roberts				
	Name of Contact Persor)		
	Firm/ Company			
1875-C South Patrick Dr				
Address				
Indian Harbour Beach, FL	32937			
	City/ State and Zip Code			
jamz742@aol.com				
E-mail address: (to be	used for future annual report	notification)		
For further information concerning this matter, ple	ease call:			
Jerry D. Roberts	at (³²¹	544-3955 de & Daytime Telephone Number		
Name of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount mad-	e payable to the Florida Depa	rtment of State:		
\$35 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Moving Waters Massage & Spa, Inc.			
(Name o	of Corporation as currently	filed with the Florida Dept. of S	State)
P14000022537			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation	d" or the abbreviation name must contain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A S</u>	IREEI ADDKESS)		
			3. m 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 372186	
		Satellite Beach, FL 32937	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of	<u>the</u>
Name of New Registered Agent	Jerry D. Roberts		
Name of New Registered Agent	1875-C South Patrick Dr		
	(Florida stree	et address)	
Non Decision LOTTen All com-	Indian Harbour Beach	, Flo	32937
New Registered Office Address:			(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of t	he position.
	- m	JOS.	A
	Signature of New Re	gistered 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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Elizabeth Bonner	1875-C South Patrick Dr
Add X Remove			Indian Harbour Beach, FL 32937
2) Change	D	Jerry D. Roberts	1875-C South Patrick Dr
X Add		•	Indian Harbour Beach, FL 32937
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	cles, énter change(s) here: (Be specific)
N/A	1
	
	
	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
Exchange of 100% of shares from Elizabeth	Bonner to Jerry D. Roberts
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, it other than the
Effective date if applicable:	
(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 will n document's effective date on the Department of State's records.	ot 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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated6-8-16 Signature+Casalabas	
(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)	
Elizabeth Bonnen	
(Typed or printed name of person signing)	
Drikecton	
(Title of person signing)	