P13000091680

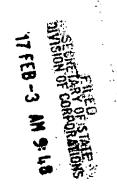
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FEBOT 2017

Checklist for filing the articles of amendment

- If inal page must be signed and dated by Donald Hofmann
- Check email listing on the page labeled COVER LETTER, to ensure that the one I have is correct. (I have DHOFMANN@AQUALOGIX.COM, which may not be the correct address.)
- Make check for \$35 out to "Florida Department of State"
- Mail to Division of Corporations:
 - o Check
 - Cover letter and form (total pages: 6)

If you are sending this by FedEx/UPS, the physical mailing address is:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If you are sending this by US Mail, the mailing address is:

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



BRIAN R. GIBBONS, P.A.

Attorney at Law

3936 S. Semoran Boulevard, Suite 330 Orlando, Florida 32822-4015

E-mail: trademarks@briangibbons.com

Telephone: (407) 384-6156 Facsimile: (407) 384-2601

> BRG17-103 January 31, 2017

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

Re: Amendment of Articles of Incorporation

Dear Sir or Madam:

Enclosed please find Articles of Amendment for the Articles of Incorporation of Aqualogix, Inc. (Document P13000091680), changing its name from "Aqualogix, Inc." to "Aqualogix Inc".

Should there be any further information we need to provide or should you have any questions, please do not hesitate to contact me.

Sincerely,

Brian Gibbons, Esq.

BRG/ras Encl

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: AQUALOGIX, IN	C.	
DOCUMENT NUMBE	D12000001600		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspond	ondence concerning this mat	tter to the following:	
D	ONALD HOFMANN		
		Name of Contact Person	1
A	QUALOGIX INC		
		Firm/ Company	
4	440 PGA BOULEVARD, S	UITE 600	
_		Address	
P	ALM BEACH, FL 33410		
_		City/ State and Zip Code	e
DHOFI	MANN@AQUALOGIX.CO)M	
		ed for future annual report	notification)
For further information of BRIAN R. GIBBONS,	concerning this matter, pleas	407	384-6156
Name of Contact Person		at (407	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 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 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



AQUALOGIX, INC.

P13000091680	of Corporation as curren	tly filed with the Florida Dept. of State)
11300071007	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:	
AQUALOGIX INC		The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
 If amending the registered agent an new registered agent and/or the ney 		dress in Florida, enter the name of the ss:
	N/A	
Name of New Registered Agent	N/A	
		street address)
V 0 1 100 411	N/A	, Florida N/A
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	<u>nt:</u>
I hereby accept the appointment as regis	tered agent. I am familia	with and accept the obligations of the position.
	Signature of Man	Pagistared 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	PT :	John D	<u>oe</u>		
X Remove	<u>V</u>	Mike J	ones		
X Add	<u>\$V</u>	Sally S	mith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change			N/A	_	
Add	4				
Remove	<i>::</i>	• .			
2) Change		_	N/A		
Add					
Remove					
3) Change		_	N/A	<u>-</u>	
Add					
Remove					
4) Change		_	N/A	_	
Add					
Remove					
5) Change		•	N/A		
Add	•	_		-	
Remove					
6) Change	• ,		N/A		
Add		-		_	
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/A	onal sheets, if necessary).	(ве ѕресіліс)			

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		nge, reclassificatio	n, or cancellation	of issued shares.	
If an amenda	nent provides for an excha-	dment if not contai	inea in the amenai	ment itself:	
provisions f	nent provides for an excha or implementing the ameno oplicable, indicate N/A)	dment if not contai	ineg in the amendi	ment <u>itself:</u>	
provisions f	or implementing the amend	dment if not contai	ined in the amendi	ment <u>itself:</u>	
provisions for (if not a)	or implementing the amend	dment if not contai	med in the amendi	ment itself:	
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٠	January 1, 2017	
The date of each amendment late this document was signed		, if other than th
200 11 1 10 21 13	January 1, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, ne Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	lment(s)
	re approved by the shareholders through voting groups. The following and 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)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder action ac	reholder
The amendment(s) was/web action was not required.	e adopted by the incorporators without shareholder action and shareholder	lder
2/1/1	<i>,</i> .	
Dated		
Ciamatura		
Signature (E	y a director, president or other officer – if directors or officers have no	t been
Se	elected, by an incorporator - if in the hands of a receiver, trustee, or oth	
a _l	opointed fiduciary by that fiduciary)	
	DONALD HOFMANN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	