P03000152551

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	Water Doctor, Inc.	
	1BER: P03000152551		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Mary Reynolds EA		
		Name of Contact Persor	1
	Reynolds & Razza,Inc.		
		Firm/ Company	
	125 May Street		
		Address	
	Orange City, Florida 32763		
		City/ State and Zip Code	<u> </u>
		,	
	reynolds.m@live.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Mary Reynolds		386 at (7754277
Name	of Contact Person	Area Co	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)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	nendment Section vision of Corporations		lment Section on of Corporations
	O. Box 6327		entre of Tallahassee
Tallahassee, FL 32314		2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

J.C. Galloway The Water Doctor, Inc.				
(Name of Corporation	as currently filed with the Florida De	ept. of State)		
P03000152551				
(Documen	t Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corp	oration:			
			The new	
name must be distinguishable and contain the word "corporation," or Co.," or the designation "Corp." "Inc.," o "chartered," "professional association," or the abbrevia	or "Co". A professional corporation			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	<u></u>			
			202	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			, , , , , , , , , , , , , , , , , , ,	
	·		<u> </u>	
D. 16 di the registered again and/on againtmed	l office address in Elevide, enter the n	on of the	00	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		anie or the		
Name of New Registered Agent			_	
	(Florida street address)		_	
		er : i		
New Registered Office Address:	(City)	Florida (Zip	Codej	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a.		ons of the position.		
. A second of the second of th	,	<i>y</i> ₁		
Sianato	re of New Registered Agent if changing		-	
	re of New Registered Agent, if changing	<u> </u>	-	

Check if applicable

☐ 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)

Example:

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 Doc 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>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) X Change	V	Preston Williams	4105 N. US Highway 17
Add			DeLand, FL 32720
Remove			
2) X Change	T	Maryl Galloway	4105 N. US Highway 17
Add			DeLand, FL 32720
Remove 3) Change	<u>S</u>	Ava Skeel	4105 N. US Highway 17
X Add			DeLand, FL 32720
Remove	V	Robert Skeel	4105 N. US Highway 17
4) Change Add	-	- INVESTIGATION	DeLand, FL 32720
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	nding or adding additional Ar additional sheets, if necessary)). (Be specific)				
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. <u>If an a</u>	mendment provides for an ex- sions for implementing the an	change, reclassifica	tion, or cancellation	on of issued shares.	1	
<u>provis</u> (i	f not applicable, indicate N/A)	nenament ij hot coi	mamed in the ame	nument itsen:		
_ 						

The date of each amendment(s date this document was signed.	adoption:, if other that
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	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 of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
04/28/2 Dated	20
Signature	Jon C Selfy
sele	director, president or other officer – in directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	James Galloway
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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