J48202

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
(,)	
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 0	Officer:
·	

Office Use Only



200269142732

200269142732 03/04/15--01003--016 **43.75

15 HAR -4 PH 2:07

MAR 0 5 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filting. Please return all correspondence concerning this matter to the following: MARK W. WABBE Name of Contact Person HAGUE WATER CONDITIONING OF ORLANDO, INC. Firm/ Company 2581 PEMBERTON DR. Address APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person The following amount made payable to the Florida Department of State: Street Address Mailing Address Street Address	NAME OF CORPORATION: HAGUE WATER CONDITIONING OF ORLANDO, INC.				
Please return all correspondence concerning this matter to the following: MARK W. WABBE					
MARK W. WABBE Name of Contact Person HAGUE WATER CONDITIONING OF ORLANDO, INC. Firm/ Company 2581 PEMBERTON DR. Address APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Mailing Address Street Address Street Address Street Address	The enclosed Articles of Amendment and fee are submitted for filing.				
Name of Contact Person HAGUE WATER CONDITIONING OF ORLANDO, INC. Firm/ Company 2581 PEMBERTON DR. Address APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address	Please return all correspondence concerning this matter to the following:				
HAGUE WATER CONDITIONING OF ORLANDO, INC. Firm/ Company 2581 PEMBERTON DR. Address APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State: State: Mailing Address Mailing Address Street Address Street Address	MARK W. WABBE				
HAGUE WATER CONDITIONING OF ORLANDO, INC. Firm/ Company 2581 PEMBERTON DR. Address APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State: State: Mailing Address Mailing Address Street Address Street Address	Name of Contact Person				
2581 PEMBERTON DR. Address APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address Street Address					
2581 PEMBERTON DR. Address APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address Street Address	Firm/ Company				
APOPKA, FL 32703 City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Mailing Address Street Address Street Address	···				
City/ State and Zip Code MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address Street Address	Address				
MWWABBE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE at (407) 290-9200 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address Street Address	APOPKA, FL 32703				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE 1	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK W. WABBE 1	MWWABBE@AOL.COM				
MARK W. WABBE Name of Contact Person The Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} 407 \\ Area Code & Daytime Telephone Number \end{align*} Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} \Begin{align*} \Pi \ 43.75 \text{ Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) \end{align*} Mailing Address Street Address					
MARK W. WABBE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	For further information concerning this matter, please call:				
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c	MARK W WARRE 407 290-9200				
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} \begin{align*} \\$43.75 \text{ Filing Fee & Certificate of Status} \end{align*} \Begin{align*} \Begin{align*} \\$43.75 \text{ Filing Fee & Certificate of Status} \\ (\text{Additional copy is enclosed}) \\ \end{align*} \Begin{align*} \Begin{align*} \Begin{align*} \Begin{align*} \\$43.75 \text{ Filing Fee & Certificate of Status} \\ (\text{Additional copy is enclosed}) \\ \end{align*} \Begin{align*}	Name of Control Powers				
\$35 Filing Fee \$\Bigcup \text{\$\subset\$\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)}\$\$ \$\Bigcup \text{\$\subset\$\$\delta \text{\$\subset\$}\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)}\$\$ \$\Bigcup \text{\$\subset\$\$\delta \text{\$\subset\$}\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)}\$\$ \$\Bigcup \text{\$\subset\$\$\delta \text{\$\subset\$}\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)}\$\$ \$\Bigcup \text{\$\subset\$\$\delta \text{\$\subset\$}\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)}\$\$ \$\Bigcup \text{\$\subset\$\$\delta \text{\$\subset\$}\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)}\$\$ \$\Bigcup \text{\$\subset{\subset}\$}\$	Name of Confact Person Area Code & Daytime Telephone Number				
Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address	Enclosed is a check for the following amount made payable to the Florida Department of State:				
	Certificate of Status Certified Copy (Additional copy is Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy (Additional Copy				
	Mailing Address Street Address				
	Amendment Section Amendment Section				
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	· ·				

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

(Name of Cornaration as current		
(traine of Composition as earrent	(Name of Corporation as currently filed with the Florida Dept. of State)	
48202		
(Document Numbe	er of Corporation (if known)	
suant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, this Florida Profit	Corporation adopts the following
If amending name, enter the new name of th	e corporation:	
URE ONE QUALITY WATER	R, INC.	
me must he distinguishable and contain the orp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or Enter new principal office address, if application	'orp," "Inc," or "Co". A profe the abbreviation "P.A." able:	
incipal office address <u>MUST BE A STREET</u> A	<u>4DDRESS</u>)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	
If amending the registered agent and/or reginew registered agent and/or the new register		, enter the name of the
Name of New Registered Agent	·	
	(Florida street address)	
	ir torida sireer didiressy	
New Registered Office Address:	(City)	, Florida(Zin Code)

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 <math>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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Remove				
4) Change		-		
Add Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(y nor appareuote, mateure 1474)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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.	
Dated FEBRUARY 26, 2015	
Signature Wark W. Wabke	_
(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)	
MARK W. WABBE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	