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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: water Zone Inc.			
DOCUMENT NUM	1.05743		4,3	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Płease return all corr	espondence concerning this ma	tter to the following:		
	SCOTT TUDOR			
	<del></del> .	Name of Contact Persor	1	
	WATER ZONE			
		Firm/ Company		
	1432-B SKEES RD			
		Address		
	WEST PALM BEACH,FL 3	33411		
		City/ State and Zip Code	е	
SC	OTT@WATER-ZONE.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
SCOTT TUDOR		at (	213-8411	
Name	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check:	for the following amount made	payable to the Florida Depa	artment 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)	
М	ailing Address	<u>Street</u>	Address	
Ar	mendment Section	Amendment Section		
Division of Corporations Division of Corporations		•		
	O. Box 6327		Building	
`I'a	Illahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

WATER ZONE, INC.		
(Name of Corporati	on as currently filed with the Florida Dept. of State)	
L05743		
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following	; amendment(s) 1
A. If amending name, enter the new name of the co	orporation:	
	<del></del>	
	rd "corporation," "company," or "incorporated" or the abo," "Inc," or "Co". A professional corporation name must cabbreviation "P.A."	
B. Enter new principal office address, if applicable		<del></del>
(Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u> )	~. 60.
	er vij	ب
		三三
C. Enter new mailing address, if applicable:		25
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u>~p  : </u>
	프. · 무.	. <u></u>
		<u></u>
		<u>. a;</u>
D. If amending the registered agent and/or registe	red office address in Florida, enter the name of the	
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
	[Final Street and Comp	
New Registered Office Address:	(City), Florida	7
	(Eth)	ouej
New Registered Agent's Signature, if changing Re	victored Agents	
	I am familiar with and accept the obligations of the position.	
Cirre	sature of New Registered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	WILLIAM J McCLARTY	100 SAND PINE DRIVE.
Add			JUPITER, FL 33477
X Remove			<del></del>
2) Change	CEO	WILLIAM S TUDOR	1385 SE BENT PINE CV
X Add			PORT ST LUCIE FL 34986
Remove			-
3 ) Change			
Add			
Remove			
4) Change			<u></u>
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
0			
6) Change	<del></del>	_	<u> </u>
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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		-	
an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or	cancellation of issued	<u>shares,</u> lf:
(if not applicable, indicate N/A)	<u> </u>		_
		<del></del>	
<del></del>			
		**:	
<del> </del>			

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)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date value Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e 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)	
action was not required.  The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
6-18-20 Dated	018	
Signature	CEO	
C/By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	-
	WILLIAM S TUDOR	
	(Typed or printed name of person signing)	*
	CEO	
	(Title of person signing)	