# L86559

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	AQUA GAMING INC.	
DOCUMENT NUMBER: L86559			
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
	· · · · · · · · · · · · · · · · · · ·	ENEE L OLDAKER	
	Ŋ	Name of Contact Person	
",	AC	QUA GAMING INC.	
•		Firm/ Company	
۶.	905 8	SE 9TH TERRACE #G	
	•	Address	
	CAF	PE CORAL, FL 33990	
	C	City/ State and Zip Code	
· · · ·	AQUA@A E-mail address: (to be use	QUA-GAMING.COM ed for future annual report notification)	<u>_</u>
For further inform	nation concerning this matter,	please call:	
And a second sec	NEE L OLDAKER		74-0093
Nam	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	ck for the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le ·

#### **Articles of Amendment** to

#### Articles of Incorporation of

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f State) (E.TAR)	· AF //: /3
TARSSE	FESTATE

### AQUA GAMING INC.

(Name of Corporation as currently filed with the Florida Dept. of

L86559

(Document Nu	mber of Corporation (if kn	iown)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this I	Florida Profit Corporation adopts the foll
A. If amending name, enter the new name of	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "In	nc," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
	<u></u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>(CE BOX</u> )	
D. If amending the registered agent and/or new registered agent and/or the new reg		in Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered in the second sec		and accept the obligations of the position.
,	Signature of New Register	ed 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	CHRAIN FROST	905 SE 9TH TERRACE #G CAPE CORAL, FL 33990	_ □ Add _ ☑ Remove
<u>P</u>	ALFRED T FERRANTE	905 SE 9TH TERRACE #G CAPE CORAL, FL 33990	_ ☑ Add _ ☐ Remove
<del>.</del>			_
provisi	mendment provides for an exchange, ons for implementing the amendment not applicable, indicate N/A)		

The date of each amendm	ent(s) adoption: 9-36-09
• • •	(date of adoption is required)
Effective date <u>if applicabl</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(	s) (CHECK ONE)
* *	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
, ,	were approved by the shareholders through voting groups. The following statemen vided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated 09	9/30/2009
Signature	ROMON' & Oldokan)
	RENEE L OLDAKER
	(Typed or printed name of person signing)
	SECRETARY/TREASURER (Title of person signing)