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PICK-UP	☐ WAIT	MAIL
		
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(Bu	siness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Waves to Recovery, Inc. NAME OF CORPORATION:
N17000004164 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John R. Tuck
(Name of Contact Person)
(Firm/ Company)
65 Robinson Dr
(Address)
Palm Coast, FL 32164
(City/ State and Zip Code)
wavestorecovery@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John R. Tuck 386-338-8953
(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) \$35 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 Street Address

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

Articles of Amendment to Articles of Incorporation of

FILED 2018 OCT -1 PM 12: 39

Waves to Recovery, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000004164 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u>	Tammy Mottler	65 Robinson Dr
Add			Palm Coast, FL 32164
x Remove			
2) Change	TR	Larry Mottler	65 Robinson Dr
Add			Palm Coast, FL 32164
X Remove			·
3) Change	TR	Rodger Lowe	65 Robinson Dr
Add			Palm Coast, FL 32164
x Remove			
4) X Change		John R. Tuck	65 Robinson Dr
Add			Palm Coast, FL 32164
Remove			
5) X Change	VS	Lorrie E. Tuck	65 Robinson Dr
Add			Palm Coast, FL
Remove			
6) Change			
Add			
Remove			

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	8/6/2018	
The date of each amendment(s) adoption:		_, if other than the
date this document was signed.		
8/6/2018		
Effective date if applicable:		
(n	10 more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	
There are no members or members entity adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were	
9/25/2018		
Dated	~~	
	(AK/ma)	
Signature		-
	vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or	
	d fiduciary by that fiduciary)	
other court appointe	d fiduciary by that fiduciary)	
John R. Tuck		
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	