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S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Wave Missions Inc ON:			
	N18000012544	<u>-</u>		
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matter	r to the following:		
John Buettner				
	(	Name of Contact Perso	on)	
Wave Missions Inc				
		(Firm/ Company)		
30327 Orange Grove Lane				
		(Address)		
Westly Chaple FL 33545				
	(	City/ State and Zip Co	de)	
wavemissions@gmail.com				
E	-mail address: (to be used	for future annual report	notification	)
For further information conc	erning this matter, please of	call:		
John Buettner		at	27-326-3364	l
	(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	rable to the Florida Dep	eartment of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	Certifi	Filing Fee cate of Status ed Copy
<b>\</b>		enclosed)		ional Copy is
Mailing A	<u>address</u>	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahussee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

Wave Missions Inc.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
N18000012544	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
N/A	The new
name must be distinguishable and contain the word "cbrporat" "Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable:	ion" or "incorporated" or the abbreviation "Corp." or "Inc."  30327 Orange Grove Lin
Principal office address <u>MUST BE A STREET ADDRESS</u> )	wesley Chaple FL 3359.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A ====================================
	N/A E
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office a</li> </ol>	
Name of New Registered Agent:	N/A 55
New Registered Office Address:	(Florida street address)
	(City) . Florida(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	
	gnature 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>Mik</u>	n Doe e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Albert Eeltink	30327 Orange Grove Ln
Add			Westly Chaple FL
X Remove			33545
2) Change	VP	Melissa Renyolds	10140 Bon Oak
X Add			St. Louis Mo
Remove			63136
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)		
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			<del></del>
		<del></del>	
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	12/10/2018	
The date of each amendmen late this document was signed		_, if other than the
Effective date if applicable:	12/10/2018	
in appression.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	0/2018	
Signature	//h /h/h	<del>-</del>
haye	certairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Jo	hn Buettner	
	(Typed or printed name of person signing)	
Pr	esident	
	(Title of person signing)	