## P000000052204

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Protective Water Proofing Inc.				
DOCUMENT NUMBER: P00000052204				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Crystee Williams	S			
	Name of Contact Person	<del></del>		
Crystee's Beach	Services LLC			
<u> </u>	Firm/ Company			
PO Box 2411	Time Company			
, , , , , , , , , , , , , , , , , , ,	Address			
Santa Rosa Bea	ach, FL 32459			
**************************************	City/ State and Zip Code	<del></del>		
crysteewilliams@ya	ihoo.com			
	used for future annual report notification)	_		
For further information concerning this matter, plea	ease call:			
Crystee Williams	at (850 ) 419-4763			
Name of Contact Person	Area Code & Daytime Telephone	Number		
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
\$35 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)			
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

Protective Water Proofing, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P000002204	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:	ent(s) to
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	5
C. Enter new mailing address, if applicable: (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:	<b>9</b>
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 <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.

X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Director	Tony James McNally	100 Meadow Woods Ln
X Add			Niceville, FL 32578
Remove			
2) Change			
Add			
Remove			
3) Change			·
Add			<del> </del>
Remove			
4) Change	<del></del>		
Add			**************************************
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			***************************************
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
	<del>-</del>	
	<del> </del>	
	<del> </del>	
	Marin de la Pala de Maria Maria de Carlos de la Carlo de Carlos de	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
<del></del>	<del></del>	
The state of the s		

The date of each amendment(s) adoption: 1U/10/2U12	
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement 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)
	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b action was not required.	by the incorporators without shareholder action and shareholder
Dated October 1	7, 2012/ //////////////////////////////////
selected, by a	n president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
Sar	n V. McNally
	(Typed or printed name of person signing)
Pre	sident
	(Title of person signing)