P00000068427

| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · |
|---|--------------------|---------------------------------------|
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Aqualine Design, Inc. | | | |
|--|--|--|--|--|
| DOCUMENT NUMBER: | P0000068427 | | | |
| The enclosed Articles of Amendment and | ee are submitted for filing. | | | |
| Please return all correspondence concernin | g this matter to the following: | | | |
| <u> </u> | Henry Sutton Name of Contact Person | | | |
| | reality of Contact Ferson | | | |
| | Aqualine Design, Inc. | | | |
| 24 ORIDA | Firm/ Company | | | |
| 158 Vine St. | | | | |
| RECEIVED 10 NOV 18 M 8: 24 RECRETASSEE FLORID TALAHASSEE FLORID | Address | | | |
| S S S S S S S S S S S S S S S S S S S | Oviedo, Florida 32765 | | | |
| R 90 18 R | City/ State and Zip Code | | | |
| aqu | alinedesign@att.net | | | |
| E-mail address: (to be | e used for future annual report notification) | | | |
| For further information concerning this ma | tter, please call: | | | |
| Henry Sutton or Linda Sutton | at (407) 365-1038 | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amou | nt made payable to the Florida Department of State: | | | |
| \$35 Filing Fee \$\text{Certificate of Status}\$ | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Address Amendment Section Division of Corporations | Street Address Amendment Section Division of Corporations | | | |
| P.O. Box 6327 | Division of Corporations Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of

| Aqualine Design, Inc. | | |
|--|--|--|
| (Name of Corporation as currently filed with the Florida Dept, of State) | | |
| P0000068427 | | |
| | (Document Number of Corporation (if known) | |

| P00000 | 0068427 | | | |
|---|-----------------|-------------------------|---------------------------|-------------------|
| (Document Number | of Corporation | n (if known) | | |
| Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation: | lorida Statutes | , this <i>Florida P</i> | Profit Corporation ado | pts the following |
| A. If amending name, enter the new name of the | corporation: | | | |
| Aqualine Design R | | | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "professi | ignation "Cor | p, " "Inc, " or `"(| Co". A professional o | |
| B. Enter new principal office address, if applical | | <u>N</u> | I/A | <u></u> |
| (Principal office address <u>MUST BE A STREET A</u> | DDRESS) | | | |
| | _ | | | |
| | - | | | _ |
| C. Enter new mailing address, if applicable: | | _ | | 200 |
| (Mailing address <u>MAY BE A POST OFFICE I</u> | <u>BOX</u>) | | V/A | _ 2 |
| | | | | |
| | _ | | <u> </u> | |
| D. If amending the registered agent and/or regis | | | a, enter the name of t | hs ! |
| new registered agent and/or the new registered | ed office addr | ess: | 1 (T) | 0 |
| Name of New Registered Agent: | N | I/A | | ب |
| | | | :20m :3m :> | 10 |
| New Registered Office Address: | (Florida | street address) | | |
| | | | , Florida | |
| | (City) | • • | (Zip Code) | |
| New Registered Agent's Signature, if changing R | egistered Age | nt: | | |
| I hereby accept the appointment as registered agent | | | pt the obligations of the | e position. |
| | | | | |
| Signa | ture of New R. | egistered 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) Title' Name **Address Type of Action** ☐ Add ☐ Remove □ Add ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendment(s) adoption: | November 16, 2010 | | |
|---|---|--|--|
| | (date of adoption is required) | | |
| 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 for | the shareholders. The number of votes cast for the amendment(s) or approval. | | |
| | the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s): | | |
| "The number of votes cast for the am | nendment(s) was/were sufficient for approval | | |
| by | .,, | | |
| by(voting group, |) | | |
| The amendment(s) was/were adopted by taction was not required. | the board of directors without shareholder action and shareholder | | |
| The amendment(s) was/were adopted by taction was not required. | the incorporators without shareholder action and shareholder | | |
| | ~ 0.0 | | |
| | y by that fiduciary) | | |
| HEN | Typed or printed name of person signing) | | |
| | Typed or printed name of person signing) | | |
| PRES | IDENT | | |
| (Title | e of person signing) | | |