P030007234/

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PICK-UP WAIT MAIL				
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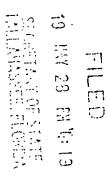


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S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: WATERCLIT OF MORTHERST FLORIDA, INC.
DOCUMENT NUMBER: PO300007Z341
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul L. MEDIS Name of Contact Person
Name of Contact Person
IN ATEROST OF NORTHEAST FLORIDA, INC.
Firm/ Company
5791 UNIVERSITY CLUB BLUD NOWTH # 1008
5791 UNIVERSITY CLUB BLUD. MORETAL # 1008 Address
Tay 150 1000 - FU-57: Day 277 77
Tacksontville Floszi Dan 32277 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
D 1 200 972 9721
Paul L. MEDS at 90A 838 9786 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 □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

7444443	of
	of
WATEROUT OF NOISTHERE	T FLORIDA, INC.
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P03000072341	
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u> </u>
NA	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	JACKSONILLE, FL 32277
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5791 WINERSON CLUE BUD NI#1008 JACKSONAILLE, FL 32277
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	
Name of New Registered Agent Por	MEDIS (SAME)
	SITY CLUB BUD.N. HICOB
New Registered Office Address: Toursain	(City), Florida 3 2 2 7 7 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famil	lar with and accept the obligations of the position.
Signature of No.	ew Registered Agent, if changing

		le by the first letter of the office t: T= Treasurer: S= Secretary		ustee; C = Chairman or Clerk; CEO = Chief
				an one title, list the first letter of each office
held, President, Treasure	r, Direct	or would be PTD.		
				ST and Mike Jones is listed as the V. There is
			ied the V and S. These st 	hould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove Example:	i, ana sai	ny Smun, Sv as an Ada.		
X Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) X Change	P	PAUL L.M	EDS	5791 UNIVERSITY CLUB BLYD, N
Add				# 1008
Remove				JANSONILLE, FL 32277
2) Change	<u>_</u>	LOPILEE A	BLAKE	3508 ALEL DR.
X_ Add				MIDDEL BUZY, FL 32068
Remove				
3) Change				
Add				
Remove				1.2.111
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

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)

Remove

E. If amending or adding additional Articles, enter change(s	here:
(Attach additional sheets, if necessary). (Be specific)	
. 1	
N/A.	
	1
F. If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta	ined in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

I'he date of each amendment(s) adoption: _	NLA	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 5 /	23/2019	90 days after amendment file date)
	(no more than	90 days after amendment file date) I
Note: If the date inserted in this block does document's effective date on the Department		icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votile	the shareholders the	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast for the am	nendment(s) was/wo	ere sufficient for approval
by NA		
(1)	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators wi	 thout shareholder action and shareholder
Dated 5/23/2	919	
Signature	1/1/	
(By a director, pr selected, by an ir	esident or other off acorporator – if in t ary by that fiduciar	cer – if directors or officers have not been he hands of a receiver, trustee, or other court
•	Paul L. T	netsis
	(Typed or printed	name of person signing)
	DIRECTE	R NEW PRESIDENT
	(Title	of person signing)