P03000154900

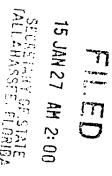
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

AQUANUT POOL SERVICE AND PRESSURE CLEANING, INC NAME OF CORPORATION: DOCUMENT NUMBER: P03000154900 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROHAN PRASHAD** Name of Contact Person Firm/ Company 6101 ORCHARD TREE LANE Address TAMARAC FL 33319 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MR ROHAN PRASHAD Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

AQUANAUT POOL SERVICE AND PRESSURE CLEANING INC

ment(s) to

	Articles of A	mendment	至实方
	to	, •	
	Articles of Inc of	orporation	呈现 美
AQUANAUT POOL SERVI		JRE CLEANING INC	27 SSE
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	四年 王
P03000154900			2: 00
(Documen	t Number of Corporation (i	f known)	50000000000000000000000000000000000000
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adop	ts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
AQUANAUT POOL SERVICE,		ING.& HANDYMAN SER	VICE INC.
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corporatio P.A."	n name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		6101 ORCHARD TREE LANE TAMARAC FI	. 33319
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			of the
	** ** ****	eet address)	
New Registered Office Address:	N/A	, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	:	
I hereby accept the appointment as regist	ered agent. I am familiar	- with and accept the obligations o	f 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		-		
Add Remove				
2) Change		_		
Add Remove				
3) Change				
Add Remove				
4) Change		_		
Add Remove				
5) Change		_		
Add				
Remove 6) Change				
Add		_		
Remove				

E. If amending or addi (Attach additional sho	ng additional Artic	les, enter chang (Be specific)	<u>re(s) here</u> :		
HANDYMAN SER					
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F 16			_4:	.N	d shawa
	lementing the amen	ange, reciassine idment if not co	ntained in the	amendment itse	<u>u suares.</u> elf:
·	ole, indicate N/A)				
N/A	-				
, die,		,			
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					<u> </u>

The date of each amendment(s) adoption: 01/24/2015	, if other than the
date this document was signed.	_
Effective date if applicable: 01/24/2015	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_01/24/2015	
Dated	
Signature Molion	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ROHAN PRASHAD	
(Typed or printed name of person signing)	
DPT Rolling	
(Title of person signing)	