PO400004933

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	dress)	
(Cit	ty/State/Zip/Phone	? #)
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MAR 2 5 2014 T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations	,			
NAME OF CORPORATION: MISSIME	R, INC			
DOCUMENT NUMBER: P04000649	933			
The enclosed Articles of Amendment and fee are sul	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
JAMES H FOR				
	Name of Contact Perso	n		
FORRESTER, HART, BELISLE & WHITAKER, PL				
/	Firm/ Company	*		
1429 COLONIA		E 201		
	Address			
FORT MYERS	, FL 33907			
	City/ State and Zip Cod	e .		
jim@forrestercpa.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	e call:	-		
JAMES H FORRESTER, CPA CF	Pat(239	₎ 939-1188		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	ayable to the Florida Dep	artment of State:		
\$35 Filing Fee \$\text{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	Street	Address		
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327		Building		
Tallahassee, FL 32314	2661 F	Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MISSIMER, INC

14 MAR 24 PM 4: 02

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P04000064933	
(Document Number of Corporation (if I	cnown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Foits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MISSIMER HYDROLOGICAL SERV	/ICES INC
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Projectored Agent	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Florida stree	(address)
	,
New Registered Office Address: (City)	, Florida(Zip Code)
(61,9)	(24)
•	
New Registered Agent's Signature, if changing Registered Agent:	La Lacourth - Mantan and amongs
I hereby accept the appointment as registered agent. I am familiar wit	n and accept the obligations of the position.
0:	of the section
Signature of New Registered Age	ะกเ. เเ ตกนกษากษ

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	·		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add	•		
Remove			
4) Change	<u></u> -		
Add			
Remove			
5) Change			
Add Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sh	ling additional Arti heets, if necessary).	(Be specific)			
					
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f an amendment p	rovides for an excholementing the ame	ange, reclassificat	ion, or cancellati	on of issued share	<u>s.</u>
(if not applical	ble, indicate N/A)	nument if not con-	amed in the ame.	nament usen.	
	•				•
			-		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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. 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" (voting group)	
(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	
Signature A My	
(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)	
THOMAS MISSIMER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	