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SEUNETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $) \leftarrow $	Hydraulies, Fre
DOCUMENT NUMBER: POSOO	0052449
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Laura Sel (Name o	f Contact Person)
Mas Hydr	n/Company)
9302-1254	Address)
Fellsmere FI	te/ and Zip Code)
For further information concerning this matter, p	please call:
Laura Schieler Smith (Name of Contact Person)	at (772) 5710438 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

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OS AUG 19 TALLAHASSEE.	AM 8: 20 DF STATE FLORIS

(Name of corporation as	currently filed with the	e Florida Dent. of State)	FLORI
(rame of corporation as	carrenay mea wini na	or fortula Dept. or State)	
20000509	1449		
POSOODOS (Document	number of corporation	(if known)	_
Pursuant to the provisions of section 607.1 adopts the following amendment(s) to its A			orporation
NEW CORPORATE NAME (if changin	<u>g):</u>		
N/A			
(Must contain the word "corporation," "company," (A professional corporation must contain the word	or "incorporated" or th "chartered", "profession	e abbreviation "Corp.," "Inc.	" or "Co.") viation "P.A.")
AMENDMENTS ADOPTED- (OTHER	THAN NAME CI	HANGE) Indicate Articl	•
and/or Article Title(s) being amended, add	ed or deleted: (BE)	SPECIFIC) Neesses OFCO	morale c
AS Follows:			
President: Steven C. 1	eckert (6023 Flgin Ro	l. Cocoa,
ice fresident: Tetald E. So	odb 58. 9	302-125Ave. 1	-ellsmete H
			•
ecretary: Maria Flena D easwer: Laura Schulct	C 'ALL 0 =	12 12 2	
- Laura Schuler	-2m(4P 13	12 125 AVE F	ellsmore, FI.
(Attach a	additional pages if neco	essary)	
If an amendment provides for evolunce re-	ologgification or co	maallation of issued show	rog provisions
If an amendment provides for exchange, re-	classification or ca	maallation of insued abou	es provisions
for implementing the amendment if not con			

(continued)

The date of each amendment(s) adoption: May 1, 2005
Effective date if <u>applicable</u> :
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
☐ 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.
Signed this 15th day of August, 2005.
Signature (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)
Tetalel E. Smith SR. (Typed or printed name of person signing)
Vice President (Title of person signing)

FILING FEE: \$35