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COVER LETTER

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TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Tidal Wave Pools, Inc. DOCUMENT NUMBER: POSODO 104232					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jason Williams Name of Contact Person Tidal Wave Pools, Inc. Firm/ Company					
3675 Twin Oaks Trail Address					
Address Ft. Pierce, FL 34445 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jason Williams at (772) 919-1333 Name of Contact Person Area Code & Daytime Telephone Number					
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:					
S35 Filing Fee Certificate of Status Certificate Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Tidal Wave Rouls, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
P05000104232
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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 in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of 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 = ChiefExecutive 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> <u>John I</u>	Doe				
X Remove	<u>V</u> <u>Mike</u>	<u>V</u> <u>Mike Jones</u>				
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>				
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>			
1) Change	<u></u>	Shelley Williams	2675 Twin Oaks Tro Ft. Pierce, FL 34945			
Add			Ft. Pierce, FC 34945			
Remove			-			
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	(Be specific)
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vorteent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	nted by the board of directors without shareholder action and shareholder	
	nted by the incorporators without shareholder action and shareholder	
action was not required.	1./-	
Dated	14/18	
Signature	14/18 J will	
(By a di selected	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court confiduciary by that fiduciary)	
	Tason Williams (Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	Director	
•	(Title of person signing)	