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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NHC HOSPITALITY CONSULTANTS & ACCOUNT' S. INC.						
DOCUMENT NUMBER: P05000143249						
The enclosed Articles of Amendment and fee are su	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this mat	tter to the following:					
	JOEL MASON					
	Name of Contact Person					
	Firm/ Company					
950 PENINSULA CORPORATE CIRCLE, SUITE 2022						
	Address					
BOCA RATON, FL 33487						
	City/ State and Zip Code					
	DELMAS24@AOL.COM					
E-mail address: (to be us	ed for future annual report notification)					
For further information concerning this matter, pleas	e call:					
JOEL MASON	at () 716-5253					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made p	payable to the Florida Department of State:					
□ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

NHC HOSPITALITY CONSULT	TANTS & ACCOUNTANTS, INC.
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P05000143	3249
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BLUE WATER HOSPITALI	Ihe new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5663 NW 27TH TERRACE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BOCA RATON, FL 33496
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining dum cas interpretation of the party)	O 1
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
new registered agent and/or the new registered onice address	N/A
Name of New Registered Agent	1971
friorida si	treet address)
New Registered Office Address:	, Florida
	(zip code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> 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 = 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	Name		<u>Addres</u> s
1)Change		1	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			Alex Species (1988)	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
	7447
	•
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	it(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JULY 14, 2015	
Dated	
Signature (JOS) Mardy	
(By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by that fiduciary)	
JOEL MASON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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