

P.08000039206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

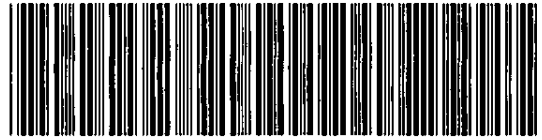
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/3/08
Newman
* CVS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEAF ESSENTIALS CORP

DOCUMENT NUMBER: P08000039206

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lazaro M. Fernandez
(Name of Contact Person)

DEAF ESSENTIALS CORP
(Firm/ Company)

15476 NW 77th Ct Suite # 190
(Address)

Miami Lakes FL 33016
(City/ State and Zip Code)

For further information concerning this matter, please call:

Lazaro M. Fernandez at (305) 420-6347
(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2008

LAZARO M. FERNANDEZ
15476 NW 77TH CT., SUITE 190
MIAMI LAKES, FL 33016

SUBJECT: DEAF ESSENTIALS CORP
Ref. Number: P08000039206

We have received your document for DEAF ESSENTIALS CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000141070.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 908A00057222

Articles of Amendment
to
Articles of Incorporation
of

DEAF ESSENTIALS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000039206

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* is filing the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

AQUI CORP

The new 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**)

Jordan D. Nassar

850 North Miami Ave, # 1001

Miami, FL 33136

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

850 North Miami Ave, # 1001

Miami, FL 33136

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:

Jordan D. Nassar

New Registered Office Address:

850 North Miami Ave, # 1001

(Florida street address)

Miami

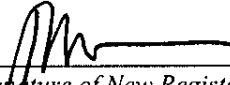
(City)

Florida 33136

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Jordan D. Nassar	850 North Miami Ave, # 1001 Miami, FL 33136	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Lazaro M. Fernandez	15476 NW 77th Ct. # 190 Miami Lakes, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
V	Yosbel Buscaron	15476 NW 77th Ct. # 190 Miami Lakes, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. 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)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	Yosbel Buscaron	15476 NW 77th Ct, Suite #190 Miami Lakes FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	Lazaro M. Fernandez	15476 NW 77th Ct, Suite # 190 Miami Lakes FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. 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)

The date of each amendment(s) adoption: 11/01/08

Effective date if applicable: 11/01/08

(no more than 90 days after amendment file date)

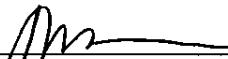
Adoption of Amendment(s)

(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)
- ☐ 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 11/01/08

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)

Jordan D. Nassar

(Typed or printed name of person signing)

CEO

(Title of person signing)