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SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORP	RATION: I Can Hydro, Inc.				
DOCUMENT NU	MBER:	11-8014875960-8			
The enclosed Artic	les of Amendment and fee a	re submitted for filing.			
Please return all co	rrespondence concerning thi	s matter to the following:			
-	N	Jon Humphrey ame of Contact Person			
-		Can Hydro, Inc. Firm/ Company			
4245 NW 16th Terrace Address					
		tinesville, FL 32605 ity/ State and Zip Code			
	icanhy E-mail address: (to be use	rdro@gmail.com d for future annual report notification)			
For further informa	ation concerning this matter,	please call:			
	lon Humprhey	at (<u>352</u>) <u>2</u>	24-8475		
	of Contact Person	Area Code & Daytime Tel			
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment of State:		
\$35 Filing Fee	\$43.75 Filing Fee & 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 Amendment Section		Street Address Amendment Section			

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation of

FILED

l Can Hydro, Inc	the Florida Dept. of State) SECRETARY DE STATE tion (if known)
(Name of Corporation as currently filed with	the Florida Dept. of State) SECRES
· DOSOVYUSS	TALLAHARY OF STATE
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statu mendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
,	
A. If amending name, enter the new name of the corporation	<u>n:</u>
NA	The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation
3. Enter new principal office address, if applicable:	NIO
Principal office address <u>MUST BE A STREET ADDRESS</u>)	.1.1
	N/A
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4290 Gravenstein Highway South Sebastopol, CA 95472
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent: N/P	<u></u>
New Registered Office Address: (Flor	ida street address)
N/A	, Florida NA
(City)	7. ~ 1
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	
N/A	
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)

Title ·	Name	Address	Typ	e of Action
director	Aaron Retteen	4290 Gravenstein Highway South Sebastopol. CA 95472		Add Remove
director	<u>William Marra</u>	4290 Gravenstein Highway South Sebastopol. CA 95472		Add Remove
NA	N A	NIA		Add Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific			
provisions	ndment provides for an exchange, reclation for implementing the amendment if no applicable, indicate N/A)			
	NIA			
			,	
		<u> </u>		
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