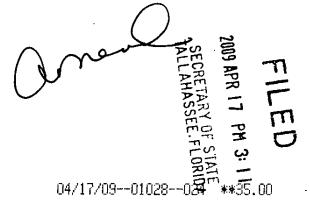
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WATER BLUE VACATIONS INC					
DOCUMENT NUMBER:	026284				
The enclosed Articles of Amendment	nd fee are submitted for filing.				
Please return all correspondence conce	rning this matter to the following:				
	Wayne Linton				
	(Name of Contact Person)				
Mega 1 Services					
(Firm/ Company)					
381	O Inverrary Boulevard, Suite 102 O				
	(Address)				
Lauderhill, FL 33319					
For further information concerning this	(City/ State and Zip Code) matter, please call:				
Wayne Linton	at ( 954 ) 551-5603				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following an	mount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta					
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

FILED
APR 17 pu
SECRETARY OF STATE

WATER	<b>BLUE VACAT</b>	TONS INC

	UE VACATIONS INC ently filed with the Florida Dept. of	State) STATE
	000026284	
	nber of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incorp		fit Corporation adopts the
A. If amending name, enter the new name of	f the corporation:	
The new name must be distinguishable as "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	ı "Corp," "Inc," or
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	i CE BOX)	
D. If amending the registered agent and/or renew registered agent and/or the new regis		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	. <del></del>
-	(0)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.		cept the obligations of the

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)

<u>Tit</u>	<u>le</u>	Name	Address	Type of Action
D	<del></del>	WAYNE LINTON	7683 TAMARAC ISLAND CIRCLIAMARAC FL, 33321	☑ Add □ Remove
<u>D</u>		ALFONSO MUNOZ		Add Remove
				Add Remove
		or adding additional Articles, enter clional sheets, if necessary). (Be specific		
F.		dment provides for an exchange, reclas		
		for implementing the amendment if no pplicable, indicate N/A)	t contained in the amendment it	<u>self:</u>
	··			·
				•