Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000240086 3)))



H090002400883ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : I20000000146

: (305)444-4994

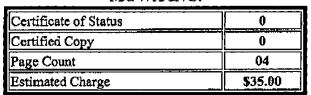
Phone

Fax Number : (305)444-4977

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Tranil	Midroce			

COR AMND/RESTATE/CORRECT OR O/D RESIGN MOWA INC.



Corporate Filing Menu

Help

D. CONNERS. NOV 1 2 2009

Electronic Filing Menu

Articles of Amendment to Articles of Incorporation of

MOWA INC.			75			
(Name of Corporation as cu	a Dent. of State)	5				
P	P09000049583					
(Document)	lumber of Corporation (if kno	Wn)				
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation	.006, Florida Statutes, this Fi n:	orida Profit Cosporation adopts th	• following			
A. If amending name, enter the new nam	e of the corporation:					
name must be distinguishable and contain	in the word "corporation,"	"company," or "incorporated" or	new r the			
abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp." "Inc	" or "Co". A professional corpora	ation			
B. Enter new principal office address, if a						
(Principal office autrest MUSI BEASIA	EEI ADDKESS)					
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF						
		* · · · · · · · · · · · · · · · · · · ·				
D. If amending the registered agent and/o new registered agent and/or the new re	r registered office address in elstered office address:	Florida, enter the name of the				
Name of New Registered Agent:						
New Registered Office Address:	(Florida street a	ddress)				
	_	. Florida				
	(Clty)	, Florida (Zip Code)				
New Registered Agent's Signature, if chan	ging Registered Agent:					
I hereby accept the appointment as registered	d agent. I am familiar with a	rd accept the obligations of the positi	ion.			
_						
	Signature of New Registered	Agent, if changing				

1'6	moved and t	ie Officors and/or Directors, enter the itle, name, and address of each Office nal sheets, if necessary)		recti	or being	
<u>T</u>	<u>itle</u>	Name	Address		Type of Action	
	<u> </u>	WATERLIGHT CORP.	P.O. BOX 696, MAIN STREET CHARLESTOWN, NEVIS		Add Remove	
_	P	MICHAEL GLINSKY	169 FAST FLAGILER STREET SLUTE # 1620 MIAMI, FLORIDA 33131		Add Remove	
_	<u>VP</u>	WATERLIGHT CORP.	P.O. BOX 888, MAIN STREET CHARLESTOWN, NEVIS			
	THRESTORING	or adding additional Articles, enter clonal sheets, if necessary). (Be specifi	enangeis), nere:			
F.	provisions i	lment provides for an exchange, revision from the little amendment if ne opticable, indicate N/A)	ssification, or cancellation of Issu of contained in the amondment its	sed s	shares,	
	·	<u>_</u>				