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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:		AQUA KHEM INC.	
		P10000095692	
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
• •	. •	Kristy Hunnewell	
•		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
		AQUA KHEM INC.	
		Firm/ Company	
	3:	101 GIANNA WAY	
		Address	
		O O' LAKES FL 34638	
	khunnewell(@galaxyfireworks.com ad for future annual report notification)	
For further inform	nation concerning this matter,	please call:	
	Kristy Hunnewell	at (813) 73 Area Code & Daytime Tel	35-6689
		nade payable to the Florida Depart	
\$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 Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahasse	ee, FL 32314	2661 Executive Center Circl Tallahassee, FL 32301	e

Articles of Amendment Articles of Incorporation

AQUA KHEM INC.

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

P10000095692

J.			
•	rticles of Amendmer to ticles of Incorporation	20 Professional Contraction of the Contraction of t	
AQUA	KHEM INC.	44	,
(Name of Corporation as current	tly filed with the Florid	la Dept. of State)	45
P1000	00095692		
(Document Number	er of Corporation (if kno		
rsuant to the provisions of section 607.1006, tendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Clorida Profit Corporation adopts the following	
If amending name, enter the new name of the	he corporation:		
		The new	
rincipal office address <u>MUST BE A STREET</u> . <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>			
If amending the registered agent and/or reg new registered agent and/or the new registe		n Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	,	
	(Cital)	, Florida (Zip Code)	
	(City)	(Lip Code)	
w Registered Agent's Signature, if changing ereby accept the appointment as registered age.		and accept the obligations of the position.	

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>	Name	Address	Type of Action
<u> </u>	Vance Hunnewell	3101 GIANNA WAY LAND O' LAKES FL 34638	
 			
	ling or adding additional Articles, dditional sheets, if necessary). (Be		
provisio		e, reclassification, or cancellation of ent if not contained in the amendmen	

The date of each amendment	t(s) adoption: April 20, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) Immediately upon receipt
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
sele	a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Kristy Hunnewell
	(Typed or printed name of person signing)
	President
	(Title of person signing)