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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SKINDY	WATERS INC.		
DOCUMENT NUMB	ER: <u>P120000</u>	49424		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
-	JUSTIA	Pagliuco Norto d'Contrat Borro	n	
	5Ki)	VILLU) ATISAS	\^\(\)	
Name of Contact Person Sking Warses W Firm/ Company				
-	290 (30	SEWAY BIUN Address	<u> </u>	
-				
DUNGAIN FL 34698 City/ State and Zip Code JUSTIN PANGENSON. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JUSTIN	Pagliceo f Contact Person	at (727) 507-1576	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Maili	ing Address	Stunet	Adduses	

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

(Name of Corporation as currently filed with the Florida Dept. of State)				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this at its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	DUNEGIN, FL 34 698			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DUNGEIN, FL 34698			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent 1057: 2 Page 1				
· · · · · · · · · · · · · · · · · · ·				
290 Causter (Florida str.) New Registered Office Address: Duned:				
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	t with and accept the obligations of the position.			
Signature of New R	egistered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Dog	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P/CEO	Justin Paglinco	290 Causeway Blvd.
X Add		•	Duncdin, FL 34688
Remove			
2) X Change	P/CEO	Logan Langlois	1295 Overcash Dr.
Add			Dunein FL, 34698
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
		•	
6) Change			
Add			
Remove			

	i <u>cles, enter change(s) here:</u> (Be specific)	
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an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ng age, reclassification, or cancellation of issued shares, manners if not contained in the amendment itself:	

The, date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	rill not be listed as the
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)	
(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 10 - 26 - 15	
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)	
JUSTIU PAGILLO	
(Typed or printed name of person signing)	
PRESIDENT (CEO	
(Title of person signing)	