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Name Change

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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MATTHEW MUN	SELL VAULT INC			
DOCUMENT NUM	D12000077256				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	MATTHEW MUNSELL				
	Name of Contact Person				
	Firm/ Company				
	1983 PGA Blvd, Ste 102				
	Address				
Palm Beach Gardens, Fl 33408					
	City/ State and Zip Code				
	MattMunsell@Yahoo.com				
E-mail address: (to be used for future annual report notification)					
For further informati	on concerning this matter, pleas	se call:			
Matthew Munsell		at (⁵⁶¹	339-6054	73-73 19-71 	
Name of Contact Person		Area Co	de & Daytime Telephone Num	iber-,	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	111	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

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Articles of Amendment to Articles of Incorporation of

MATTHEW MUNSELL VAULT INC

	filed with the Florida Dept. of State)		
MATTHEW MUNSELL VAULT INC		_	
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	Iorida Profit Corporation adopts the fo	ollowing ar	nendment(s) to
A. If amending name, enter the new name of the corporation:			
Blue Water Accounting & Asset Management Inc		Th	c new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		reviation "	Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	170025	707 FC10
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the		5 T
Name of New Registered Agent / / f		<u></u>	<u>~</u>
(Florida stree	t address)		
New Registered Office Address: New Registered Office Address:	, Florida	(Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with			,
Signature of New Reg	sistered Agent, if changing		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)), F.S.		

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name 0	Address
1) Change		$-\frac{V/H}{-}$	
Add		•	
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add Remove			
Kemove			

Attach additional sheets, if necessary).	(Be specific)	NA		
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···				
f an amendment provides for an exchaprovisions for implementing the amen	ange, reclassifica	tion, or cancellation	of issued shares,	
(if not applicable, indicate N/A)		itamen in the amenu	ment usen:	
(3)	A/ /a			
	N/A			
	/			
	 		·	

.

The date of each amendment(s) adoption date this document was signed.		, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this block do document's effective date on the Departme	ies not meet the applicable statutory filing requirer nt of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the for approval.	amendment(s)
	by the shareholders through voting groups. The following group entitled to vote separately on the amena	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	1	
Signature Max	- Musell	
(By a director,	president or other officer - if directors or officers ha	
	incorporator – if in the hands of a receiver, trustee, ciary by that fiduciary)	or other court
•		
	(Typed or printed name of person signing)	
	Presiden+ (Title of person signing)	
	(Title of person signing)	