P13000056437

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AGUA CONSTRU	JCTION COMPANY		
DOCUMENT NUM	P13000056437			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DANIEL PRIOTTI			
	Name of Contact Person			
	Firm/ Company			
	2550 N STATE STREET UN			
	BUNNELL, FL 32110	Address		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
A_G	BOOKKEEPING@YAHOO.	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter. pleas	se call:		
DANIEL PRIOTTI		at (931-0008	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□S43.75 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

AGUA CONSTRUCTION COMPANY

	orporation as currently	med with the Fiorida Dep	i. of State)	
P13000056437			7. C.	F.
	(Document Number of	Corporation (if known)		2
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6. Florida Statutes, this <i>F</i>	lorida Profit Corporation a	dopts the following amen	dment(s) to
A. If amending name, enter the new name	of the corporation:			
N/A			The	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	o". A professional corpora	orated" or the abbrevia	tion
B. Enter new principal office address, if ap	oplicable:	N/A		
(Principal office address MUST BE A STRE				
				_
				_
C. Enter new mailing address, if applicable				
(Mailing address MAY BE A POST OFF	ICE BOX)			
				_
				_
D. If amending the registered agent and/or	registered office addre	ss in Florida, enter the nan	ie of the	
new registered agent and/or the new res	gistered office address:			
Name of New Registered Agent	\ 			
	(Florida stree	t address)		
New Registered Office Address:			. Florida	
	(C	lity)	(Zip Code)	
New Registered Agent's Signature, if chang	ing Registered Agent			
hereby accept the appointment as registered		th and accept the obligations	of the position.	
	Signature of New Res	gistered 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	WALTER MIRABALLES	17 BURNING SANDS LANE
X Add			PALM COAST.FL 32137
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

E. If amending o	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
N/A	
	
.	
F. If an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	r implementing the amendment if not contained in the amendment itself:
	plicable, indicate N/A)
N/A	

The date of each amendment(s) ac date this document was signed.	option:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendicient for approval.	dment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement (s):
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareho	lder
DatedSignature		
(By a di	ector, president of other officer—if directors or officers have no, by an incorporator—if in the hands of a receiver, trustee, or other diductary by that fiduciary)	
	DANIEL PRIOTTI	
•	(Typed or printed name of person signing)	, <u> </u>
	PRESIDENT	

(Title of person signing)