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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TREXUS CORP. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **CLAUDIO RUBIO** Name of Contact Person TREXUS CORP. Firm/ Company Address 10740 NW 83 STREET #8 City/ State and Zip Code **DORAL, FL 33178** CRUBIO@AQUASAVING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CLAUDIO RUBIO** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

| TREXUS CORP. | |
|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) P14000073584 | |
| (Document Number of Corporation (if known) | • |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folloits Articles of Incorporation: | owing amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or to "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name is word "chartered," "professional association," or the abbreviation "P.A." | The new the a bbreviation must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | ZIIGHT OF THE |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: NameofNewRegisteredAgent | HID: 38 |
| (Florida street address) | |
| NewRegisteredOfficeAddress:, Florida | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi | on. |
| Signature of New Registered 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 Joh | nn Doe | |
|----------------------------|----------------------|----------------------|--------------------------|
| X Remove | <u>V</u> <u>Mil</u> | ke Jones | |
| X Add | <u>SV</u> <u>Sal</u> | ly Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1)Change | PVST | GOTERA BOSCAN, MARIA | 10740 NW 83 STREET #8 |
| Add XRemove | | | DORAL, FL 33178 |
| 2)Change | PS | RUBIO, CLAUDIO | 10740 NW 83 STREET #8 |
| X Add | | | DORAL, FL 33178 |
| KCHłove | VPT | FENG WU, XIAOPENG | 17546 SW 48 STREET |
| XAdd | | | MIRAMAR, FL 33029 |
| 4)Change | D | FENG WU, XIAOHANG | 16706 NW 18 STREET |
| XAdd | | | PEMBROKE PINES, FL 33028 |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shaprovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | ares. |
| THE COMPANY HAS 10,000,000 COMMON SHARES WITH PAR VALUE OF 0.01 \$/SHA | RE |
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| | MAY 6, 2016 | |
|---|---|------------------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| | AY 6, 2016 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, the Department of State's records. | his date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK_ONE</u>) | |
| ☐ The amendment(s) was/were and by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amends sufficient for approval. | nent(s) |
| | proved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s) | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | (voting group) | |
| The amendment(s) was/were action was not required. | dopted by the board of directors without shareholder action and share | :holder |
| ☐ The amendment(s) was/were action was not required. | dopted by the incorporators without shareholder action and sharehold | ler |
| MAY 6, Dated | 2016 | |
| Signature | and a | |
| (By a selec | director, president or other officer - if directors or officers have not ed, by an incorporator - if in the hands of a receiver, trustee, or othe nted fiduciary by that fiduciary) | |
| | GOTERA BOSCAN, MARIA E | |
| | (Typed or printed name of person signing) | |
| | PVST | |
| | (Title of person signing) | |