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COVER LETTER

Division of Corporations NAME OF CORPORATION: AquaBrite of FL Inc DOCUMENT NUMBER: Y14 0000 88785 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company E-mail address: (to be used for future annual deport notification) For further information concerning this matter, please call: at (561) 666-7946

Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Aqua-Brite of FL	Toc		· <
Name of Corporation as currently file	d with the Florida De	pt. of State)	
P14000088785			
(Document Number of C	orporation (if known)	······································	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida P</i>	rofit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corp	poration: MA		
		<u> </u>	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab. B. Enter new principal office address, if applicable:	"Inc," or "Co". A p		
(Principal office address MUST BE A STREET ADDR	ESS)		

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1		
(Mauring unuress MAT BE A FOST OFFICE BOX)	,		
			
D. If amending the registered agent and/or registered		orida, enter the name of the	
new registered agent and/or the new registered of	ffice address:		
Name of New Registered Agent			
			•
	(Florida street address	s)	
New Registered Office Address:	(City)	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. I	am familiar with and a	accept the obligations of the position	on.
61	. D		
Nionature of New	Registered Agent if c	กกทงเทง	

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:	ve, una sany sn	min, or as an maa.	
X Change	PT Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	SV Sa	Illy Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Gary may	10865 NW 81st Ct Parkland FC 3306
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s (Be specific)		
	 		
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CONTRACTOR OF THE STATE OF THE	· · · · · · · · · · · · · · · · · · ·		
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an amendment provides for an exch provisions for implementing the ame	ange, reclassification	on, or cancellation of issuinced in the amendment i	<u>ied shares,</u> tself:
(if not applicable, indicate N/A)			
	50%	Shares	
Scott Amundsen			

The date of each amendment(s) adoption:	, it other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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	
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)	
Scott Amundsen (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	•