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C. GOLDEN NUG 2 9 2019

COVER LETTER

Division of Corporations NAME OF CORPORATION: The Hydro Group Inc DOCUMENT NUMBER: P15000021177 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Theresa Cross Name of Contact Person Firm/ Company 805 Arbormoor Pl Address Lake Mary, FL 32746 City/ State and Zip Code doesfromsos@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Theresa Cross Area Code & Daytime Telephone Number 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

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

is enclosed)

Articles of Amendment to Articles of Incorporation of

FILE

The Hydro Group Inc

2013 AUG 29 AN IO: 32

The Hydro Choop the	
(Name of Corporati	ion as currently filed with the Florida Dept. of State) RETARY OF STATE ALL: AHASSEE, FLORID
P15000021177	ALLAHASSE FLODIE
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	e;
Principal office address <u>MUST BE A STREET ADI</u>	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	O(X)
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
	
Name of New Registered Agent	
	(Florida street address)
	(1 P/1 AND SPICE) WHATEAS)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	girtarad Agante
hereby accept the appointment as registered agent	I am familiar with and accept the obligations of the position.
nor ev, weeps me appointment as regimered agent.	с ат ранова тип ини иссерь те отяхиноть от те ромнот.

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Thomas Cross	805 Arbormoor Pl
Add			Lake Mary, FL 32746
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment 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 will a document's effective date on the Department of State's records.	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)	
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.	
JUNE 12, 2019	
Dated	
(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)	
THERESA CROSS	
(Typed or printed name of person signing)	 -
PRESIDENT	
(Title of person signing)	