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JUL 1 6 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Wisdom water Co.	mpany, inc.	
DOCUMENT NUMB	ER: P15000033726		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
	Keith Royal Hoylman		
-		Name of Contact Person	
	Wisdom Water Company, In	c.	
•		Firm/ Company	
	1713 SE Aneci Street		
-	······································	Address	<i>a</i> /
	Port Saint Lucie, FL 34983		
-		City/ State and Zip Code	٤. ا
keouh	oy@hotmail.com		
Kloyin	· ·	sed for future annual report	notification)
	D-man address. (to to the	sa for fatale attitude report	nouriour,
For further information	concerning this matter, pleas	se call:	
Keith Royal Hoylman		at (772	359-5496
Name o	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division	Address ment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)
P15000033726		
(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this I s Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s
. If amending name, enter the new name of the corporation:	N/A	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation nat	or the abbreviation ne must contain the
Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	, , , , , , , , , , , , , , , , , , ,	20
		م ا
		<u></u> =
. Enter new mailing address, if applicable:	/ .	
(Mailing address MAY BE A POST OFFICE BOX)	~/A	
		JE 14 ATT 11 CC
		25
. If amending the registered agent and/or registered office addr		<u> </u>
new registered agent and/or the new registered office address:	1/2	
Name of New Registered Agent	<u>~/A</u>	
	,	
	eet address)	
(Florida stre	day dalah dilay	
New Registered Office Address:	(Ciry), Florida	(Zip Code)

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 <math>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 Jo	olm Doe	
X Remove	<u>v</u> <u>v</u>	Aike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Hazel Hoylman	1713 SE Aneci Street
X Add			Port Saint Lucie, FL 34983
Remove			
2)Change	Т	Dominque Cain	1713 SE Aneci Street
X Add			Port Saint Lucie, FL 34983
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			 .
5) Change			
Add			
Remove			
			
6)Change			<u> </u>
Add			
Remove			

[amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	~/ _A		
7,7,7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	· · · · · · · · · · · · · · · · · · ·			
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	····			
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassificat adment if not cont	ion, or cancellation sained in the amendr	of issued shares, nent itself:	
		,		
	 			

The date of each amendment(s) adoption:, it 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 not be listed as the document's effective date on the Department of State's records.
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.
07-10-15
Dated
Signature
(By a director, president of 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)
Keith Royal Hoylman
(Typed or printed name of person signing)
President
(Title of person signing)