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Account Number: 120070000104
Phone: (239) 939-222

Phone : (239) 939-2222 Fax Number : (239) 939-2280 APR 1 2 2017

I ALBRITTON

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nwickera lawcra, con

## COR AMND/RESTATE/CORRECT OR O/D RESIGN WTR SCREENMASTERS INC.

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6 (correction)

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April 11, 2017

PLORIDA DEPARTMENT OF STATE
Division of Corporations

WTR SCREENMASTERS INC. 2090 W. FIRST STREET FORT MYERS, FL 33901

SUBJECT: WTR SCREENMASTERS INC.

REF: P15000047263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H17000098493 Letter Number: 417A00006921

MARIL MILLOS

239-939-2280

H170000.984933

Articles of Amendment to Articles of Incorporation

WTR SCREENMASTERS INC.				
<del>-</del>	of Corporation as currently	filed with the Florida Dept. of Sta	(e)	
P15000047263	(Document Number of C	Compration (if known)		
	·			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fo	orida Profit Corporation adopts the	t following amen	dment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The	
name must he distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation na	or the apprevia ime must contain	uon the
B. Enter new principal office address, (Principal office address MUST BE A S				<b>-</b>
				- <del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			SEO SEO	) 
			AFE TO	
			Ses Vivi	
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the name of the	GF STA	
Name of New Registered Agent	JOHN M. WICKER			
Hame of Hew Nextstered Marie	12670 NEW BRITTANY B	LVD, SUITE 101	<del></del>	•
	(Florida stree	i address)		
New Registared Office Address:	FORT MYERS	, Florida	33907	
Comment of the Mary State of the Comment of the Com	(0	(i/v)	(Zip Code)	_
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Repistered Agent:	th and accent the obligations of the	nacition	
/ A soly ties-the appearament as togics		n unu terrepe ine vonguminis vy silv j	positivi.	
			,	
	Signature of New Res	istered Agent, if changing		
	Page I of	' <b>4</b>		
$\mathcal{L}$		984933		
	<del>-</del>	- •		

## H 170000984B3

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: XChange	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change .	<del></del>	TERESA F. BOONE	
Add X Remove			
2) Change	DPST	CHRIS FIOREULA	1110 NG PINE ISLAND RU
X Add			UNIT 23
Remove	,		CAPE CORAL, FL 3380
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	٠		
Add			
Remove			
δ) Change			
Add			
Remove			

Page 2 of 4

H 17000098483

H 170000984933

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)				
N/A				
	········			
	<del></del>			
	<del></del>			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)				
N/A				
	<del>,</del>			

239-939-2280

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The date of each amendment(s): date this document was signed.	doption:	, if other than the
Effective date if applicable:		
Enective date it applicable:	(no more than 91 days after amendment file date)	·
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ag	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
4/10/17 Dated		
4	resu Boone	_
selecti	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	TERESA BOONE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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