P1500005542

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
1			

Office Use Only



700275169327

700275169327 07/20/15--01028--015 **35.00



Art Correction Manuechs

JUL 21 2015

I ALBRITTON

COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: AQUAEXOLEUN, Inc.

DOCUMENT NUMBER: P15000020776

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARSHA SIHA

Name of Contact Person

INCFILE.COM LLC

Firm/Company

134 INTAGE PARK BLVD A-50

Address

HOUSTON TX 77070

City/State and Zip Code

MARSHA@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA

at (

462-3453

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$35.00 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

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

ARTICLES OF CORRECTION

For

AQUAEXOLEUN, INC.	
Name of Corporation as currently filed wit	h the Florida Dept. of State
P15000055642	
Document Number (if	known)
filed with the Department of State on 06/25/2015	
	ون
Correct the inaccuracy, incorrect statement, or defect: ARTICLE 1 SHOULD READ WATERS	HIPBLUE, INC.
one word:	Nospace between
	HIP and Blue
(Signature of a director, president or other officen of been selected, by an incorporator - if in the other court appointed fiduciary, by that fiduciary	hands of the receiver, trustee, or
DANIEL MACLEAN	DIRECTOR
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00