P15000098577

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LIVISION OF CORPORATIONS
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MAY 2 3 2019 D CUSHING



May 3, 2019

AQUA CABLE ENTERPRISES INC 518 SECOND AVE DESTIN, FL 32541

SUBJECT: AQUA CABLE ENTERPRISES INC

Ref. Number: P15000098577

We have received your document for AQUA CABLE ENTERPRISES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

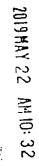
You must submit the complete application. You are missing pages 2 and 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing Senior Section Administrator

Letter Number: 719A00008916



Articles of Amendment

to

Articles of Incorporation

of

AQUA CABLE ENTERPRISES INC			
(Name of Corporation	n as currently filed with the Florida Dept. of State)		
P15000098577			
(Docume	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follo	owing amend	dment(s) t
A. If amending name, enter the new name of the corp	poration:		
AQUA BLUE OF DESTIN INC		The)	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the al	"Inc," or "Co". A professional corporation name n	he abbrevia	tion
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
		- 25	
	_	<u></u>	_ <u>\$</u> }
C. Enter new mailing address, if applicable:		2	위화,
(Mailing address MAY BE A POST OFFICE BOX) <u> </u>		_2335
		至	25 G
			–35 ₹
		<u> </u>	-8E
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			Z 5
Name of New Registered Agent			
	Florida strev address)		
New Regissa ed Office Address:	, Florida		_
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. To		ion.	
· · · · · · · · · · · · · · · · · · ·	ture of New Registered Agent, if changing	 _	
Signal	шт ој меж кедметеа адеш, и спапдид		

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 oile:

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. Currer tly 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>P7</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 _		
Add			
Remove			

L. If amending or adding additional Ai (Attach additional sheets, if necessary)	ticles, enter change(s) her (Be specific)	<u>:e</u> :	
	,		
	······································		
. If an amendment provides for an ex	change, reclassification, o	r cancellation of issued	shares.
provisions for implementing the an (if not applicable, indicate NA)	nendment if not contained	in the amendment itsel	<u>f:</u>

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Ç.		
Effective date if applicable:	(no more then 90 days after amendment file date)	
Note: If the date is serted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONI)	
The amendment s) was/were adopty the shareholders was/were suf	oted by the shareholde's. The number of votes cast for the amendm ficient for approval.	ent(s)
☐ The amendment(s) was/were apple must be separately provided for a	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The numl or of votes east f	or the amendment(s) was were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was evere adopaction was not required.	sted by the board of directors without shareholder action and shareh	older
☐ The amendment 3) was/were adocaction was not required.	sted by the incorporate is without shareholder action and shareholde	г
L. ited	20-2019 Mf	
s alected appoints	ector, president or other officers - if directors or officers have not be by an incorporator - if in the hands of a receiver, trustee, or other d fiducially by that fiduciar()	een court
	Pepa Catsarova (Typed or printed name of person signing)	
••	(Typed or printed name of person signing)	
	President	
	(Tatle of person signing)	