Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000054232 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : HINSHAW & CULBERTSON LLP

Account Number : 120110000017

Phone : (954)375-1155

Fax Number

: (954)467-1024

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SMARTWATER NORTH AMERICA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

MAR 0 7 2016

D CONNELL

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

3/3/2018 1:38:13 PM PAGE 1/001 Fax Server



March 3, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SMARTWATER NORTH AMERICA, INC. 500 W. CYPRESS CREEK RD.

SUITE 560

FT. LAUDERDALE, FL 33309US

SUBJECT: SMARTWATER NORTH AMERICA, INC.

REF: P16000013903

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.

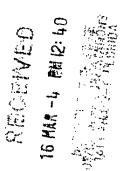
The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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 calî (850) 245-6050.

Darlene Connell Regulatory Specialist III

FAX Aud. #: H16000054232 Letter Number: 416A00004451



P.O BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO: Amendment Sec Division of Corp							
NAME OF CORPO	RATION: SMARTWATER I	NORTH AMERICA, INC.					
	BER: P16000013903						
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	Ross H. Manella, ESQ.						
		Name of Contact Person	1				
	HINSHAW & CULBERTSO	ON LLP					
	Firm/ Company						
	1 EAST BROWARD BLVD., SUITE 1010						
	Address						
	FT. LAUDERDALE, FL 333	301					
		City/ State and Zip Cod	<del></del>				
ĎΜ	ANELLA@HINSHAWLAW.(	^ON4					
	•	sed for future annual report	notification)				
	E-man address. (w be di	sed tot racing ampat report	nothioadon)				
For further information	on concerning this matter, pleas	se call:					
ROSS H. MANELL	A, ESQ.	nt (	375-1138				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ariment 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)				
<u>Ma</u>	illing Address	Street	Address				
Amendment Section		Ameno	lment Section				
	vision of Corporations	Division of Corporations					
	). Box 6327 Ilahassee, FL 32314		Building Executive Center Circle				
- 6-	· · · · · · · · · · · · · · · · · · ·						

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SMARTWATER NORTH AMERICA, INC.						
(Name of Corpo	ration as currently	filed with the Florida l	Dept. of State)			_
P16000013903			-			
(De	ocument Number of C	Corporation (if known)				_
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Stanutes, this FI	orida Profit Corporatio	on adopts the following	ing amendme	ent(s) t	Ø
A. If amending name, enter the new name of th	te corporation;					
SMARTWATER CSI NORTH AMERICA, INC.				The new	.,	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional cor	orporated" or the poration name mus	abbreviation	7	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX</u> )					
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address	s in Florida, enter the	name of the	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 MAR	
Name of New Registered Agent					<b>50</b>	177
					t_	
	(Florida sireei	t address)	<del></del>	- 77,42	7	遊
New Registered Office Address:			. Florida	. 사고 주도	$\dot{\sim}$	
100 July 100 July 1 Jul	(C	((7)		Code)==	80	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	Registered Agent: nt. I am familiar wit	h and accept the obliga	tions of the position.	3-		
	Signature of New Reg	istered Agent, if changi	ng	_		

MAR 04 2016 11:58 AM FR HINSHAW-FTLAUD 954 467 1024 TO 918506176380#724 P.04

address of each Officer (Auach additional sheets) Please note the officer/di P = Prezident; V= Vice Executive Officer; CFO hald. President, Treasure Changes should be noted	andlor I , if neces, reolar (it. Presiden = Chief , Direct in the forves the c	Nrector being : sary) to by the first is t; T= Treasure Financial Offic or would be P1 Nowing manne rorparation, Sa	edded: iter of the affice title: r; S= Secretary; D= Dire er. If an officer/director D. r. Currently Jahn Doe is lly Smith is named the V a	ctor; TR= Tru holds more th listed as the Pi	irector being removed and sitic, nor islee; C = Chairman or Clerk; CEO an one title, list the first letter of eac ST and Mike Jones is listed as the V. could be noted as John Doe, PT as a t	= Chief h offics There ts
X Change	<u>PT</u>	John Doe				
X Remove	¥	Mike Jones				
X Add	<u>sy</u>	Sally Smith				
Type of Action (Check One)	Title	Nag	<u>be</u>		Address	
1) Change						
Add						ŧ
Remove						
2)Change						
Add						
Remove						
3 ) Change		<del>-</del> -				
Add						į
Remove						
4)Change						
Add						
Remove						:
5) Change				<del></del>		:
Add						
Remove						:
δ) Change				<del></del>		
Add						; ;
Remove						ì

MAR 04 2016 11:58 AM FR HINSHAW-FTLAUD 954 467 1024 TO 918506176380#724 P.05

F. If amending or adding additional Articles, enter change(s) here:
(Attach additional absets, if necessary). (Be specific)

_	
P.	If an amendment provides for an exchange, reclassification, or cancellation of insued shares,
	provisions for implementing the amendment if not contained in the amendment littely (if not applicable, indicate N/A)
_	
_	
<del>-</del>	

## MAR 04 2016 11:58 AM FR HINSHAW-FTLAUD 954 467 1024 TO 918506176380#724 P.06

The date of each amendment(s) as date this document was signed.	doption;if o	other than th
Effective date   I applicable:	(no mare than 90 days after amendment file date)	
	(no more than 40 days after amendment file date)	
Note: If the date inserted in this is document's effective date on the De	clook does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	plisted as th
Adoption of Amendment(s)	(CHRCK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by		
7	(voting group)	
	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	
Pebruary Dated	29,2016	
Šignature	<i>a</i> .	
(By a select	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 nted fiduciary by that fiduciary)	
	FLORIAN MATTINSON	
	(Typed or printed name of person signing)	<del></del>
	SECRETARY/DIRECTOR	
	(Title of person signing)	<del></del>