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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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JUN 28 2018 I ALBRITTON

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Water Protection Sciuces Inc					
DOCUMENT NUMBER: 171700094644					
The enclosed Articles of Amendment and fee are submitted for filling.					
Please return all correspondence concerning this matter to the following:					
Samuel Waters Name of Contact Person					
Waters Projection Sciulos Inc.					
201 N. Starte Road 7					
Marche Fl 33063					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Samuel Witers 321, 482-9759					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					

TO: Amendment Section

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 Amendment to Articles of Incorporation

АГ	rucies of incorporation	
11 leters Post	tection Services Inc.	
	as currently filed with the Florida Dept. of State)	_
		
	2094644	_
(Documer	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 following amendment(s) t	o
A. If amending name, enter the new name of the corp	poration:	
	N/A- The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."	
B. Enter new principal office address, if applicable:	·	
(Principal office address <u>MUST_BE A STREET ADDR</u>	(ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	//// 	
		٦
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		<u> </u>
M. Chi. D. San Jan		Γ
Name of New Registered Agent	A I I I I I I I I I I I I I I I I I I I	_
	(Florida street address) // Orio	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.	
Sienati	ure of New Registered Agent, if changing	
215,	g''' g'''' g''''' g''''' g	

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: X Change	<u>PT</u>	John Doe	
	<u>v</u>		
X Remove		Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name (2)	Address
1) Change	<u>YP</u>	Crietta Waters	
Add Remove			CHICA Springs F1 33076
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment pi	ovides for an exch	ange, reclassificatio	on, or cancellation	of issued shares,	
		ndment if not conta	ined in the amend	ment itself:	
(if not applican	le, indicate N/A)				
					
		-	<u> </u>		
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The date of each amendment(s) adoption: 6 15 18 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(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.	
Dated 6 19 18 Signature Signature	
(By a director, president or other officer – it 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)	
\sim \sim \sim	
Sumuel Wates	
(Typed or printed name of person signing)	
Presdent	
(Title of person signing)	