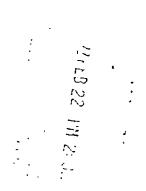
## P99000108148

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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Water Medic of C	ape Coral Inc.	
	BER: P99000108148		
The enclosed Article.	s of Amendment and fee are st	ibmitted for filing.	
Please return all corre	espondence concerning this me	atter to the following:	
	Amy Jackson		
		Name of Contact Perso	n
	Water Medie of Cape Coral I	Inc.	
		Finn/ Company	
	1513 SE 16th Place		
		Address	
	Cape Coral FL 33990		
		City/ State and Zip Cod	e
	watermedicjudy@gmail.com		
	E-mail address; (to be u	sed for future annual report	notification)
For further informatio	on concerning this matter, plea	se call:	
Amy Jackson		at ( <sup>239</sup>	872-3906
Name	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Water Medic of Cpae Coral Inc.

17:18:22 PM 2. 1.

	tion as currently filed with the	Florida Dept. of State)
P99000108148	·	
(Docu	inient Number of Corporation (if	`known)
Pursuant to the provisions of section 607,1006, Floring Articles of Incorporation;	da Statutes, this <i>Florida Profit C</i>	forporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
tame must be distinguishable and contain the word " 'Inc.," or Co.," or the designation "Corp," "Inc 'chartered," "professional association," or the abb	", " or "Co". A professional c	The new acorporated or the abbreviation "Corp.," orporation name must contain the word
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>	le: DDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX</u> )	
. If amending the registered agent and/or registened new registered agent and/or the new registered	ered office address in Florida, e l office address:	enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	W - 1	, Florida
	(Cuy)	(Zip Code)
ew Registered Agent's Signature, if changing Rephereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept th	ve obligations of the position
	atturn of Non- Danier and Land	r. t.
Sign.	ature of New Registered Agent, i	f changing

Check if applicable  $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT John I</u>	<u>Doe</u>	
X Remove	V Mike	Jones .	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) X Change	Presiden	James Richard Jackson Jr.	1513 SE 16th Place
Add			Cape Coral Fi 33990
Remove			
2) X Change	V. Presic	Amy I. Jackson	1513 SE 16th Place
Add			Cape Coral Fl 33990
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
-	tno more than 90 days after amendment file datei	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmental option of the approval.	ent(s)
☐ The amendment(s) was/were ap miss be separately provided for	proved by the shareholders through voting groups. The following sten each voting group entitled to vote separately on the amendment(s):	entent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,,	
•	(voting group)	
(By a c selecte	irectof, president or other officer – if directors or officers have not be d. by an incorporator – if in the hands of a receiver, trustee, or other eted fiduciary by that fiduciary)	en ourt
	Amy L Jackson	707
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	<del> </del>