45000/33557

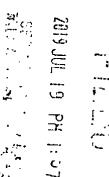
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CT: PRINCIPAL WATER FILTR	ATION, LLC				
.,01,012	Name of Limited Liability Company					
Dear Si	r or Madam:					
The enc	losed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please r	eturn all correspondence concerning th	is matter to the fo	ollowing:			
MARS	HA SIHA					
	Name of Person		_			
INCFI	LE.COM LLC					
	Firm/Company		_			
17350	STATE HWY 249 STE 220					
	Address	· · · · · · · · · · · · · · · · · · ·				
HOUS	TON, TX 77064					
	City/State and Zip Code					
EFILE	1234@INCFILE.COM					
E-mail address: (to be used for future annual report notification)						
For furt	her information concerning this matter.	please call:				
MARS	HA SIHA	855 at (829-9090			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida

Floria	la.					
1. N	ame of the limited liability company: PRINCIPA	L WATER FILTRA	TION, LLC			
	(b)					
(- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	4903 SOUTHWARK DRIVE NORTH	4903 S	JACKSONVILLE, FL 32257			
	JACKSONVILLE, FL 32257	JACKS				
	08/05/2015	L150001	33557			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	_					
<i>J.</i> («	Registered Agent and Registered Office shown on the record UNITED STATES CORPORATION AGE Registered Office Address (MUST BE FLORIDA STRE) 5575 S. SEMORAN BLVD SUITE 36	NTS, INC.	nte:			
	ORLANDO	. FL 32822		D. 3		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	ered Office address:	•	2015 JUL 19		
	LEGALINC CORPORATE SERVICES IN	IC.	.	D		
	NEW Registered Office Address:		— *.			
	5237 SUMMERLIN COMMONS SUITE 4	100		+ C		
	FORT MYERS	_{. FL} 33907	_			
the chagent was/w the ar Sign I heroprovice the obto median strength of the st	limited liability company is not organized under the lange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the accept the appointment as registered agent and stions of all statutes relative to the proper and compositions of my position as registered agent as provered reflect a change in the registered office addressed in writing of this change.	is of the registered officed liability company, it ers of the limited liability company of the limited liability company. PAUL JOBN	ce and the business office of is hereby confirmed that the ity company or as otherwise ompany. MANN - AMBR Printed or typed name of sign	of the register he change(s) se provided in hee		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Kygistered Agent