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SECHELARY OF STATE
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AQUA CLEAR SYSTEMS, INC.
2. The principal office address: 688 W PALM - AILE DE
POMPALO BEACH, R 33069
3. The mailing address (if different): 4401 SHALLOWFOLD RD STE 16Z-176
ROSWELL, GA 30075
4. Date of incorporation/qualification: 01/06/2006 Document number: P0600000 318
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JOHN CARBONE
520 BECKRICH RD - BV 13 By 9 .
PANAMA CITY, A 32407 皇 書
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
FRANK LOUREIRO
688 W Palm-AIRE DR (P.O. Box NOT acceptable)
POMPANO BEACH, & 33064
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.
(Signature of an officer or director) FRANK LOVEGIAS PAES (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Succest 3/6/07
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314