Current Me	iling Addross;		
	iling Address:		
500 HARBC TAMPA, FL	OUR PLACE DR SUITE 1211 33602		
FEI Numbe	r: 52-1807417		Certificate of Status Desired: No
Name and /	Address of Current Registered Agent:		
1201 HAYS ST	N SERVICE COMPANY REET E, FL 32301-2525 US		
The above name			
The above hame	d entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURI		its registered office or regis	tered agent, or both, in the State of Florida.
		its registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURI	E:	its registered office or regis	• • •
SIGNATURI	E: Electronic Signature of Registered Agent	its registered office or regis	• • •
SIGNATURI Officer/Dire	E: Electronic Signature of Registered Agent		Dat
SIGNATURI <b>Officer/Dire</b> <sup>Title</sup> Name	E: Electronic Signature of Registered Agent C	Title	VC
SIGNATURI Officer/Dire Title Name Address	E: Electronic Signature of Registered Agent C FAUSSAT, OLIVIER 500 HARBOUR PLACE DR SUITE 1211	Title Name	VC WALZ, ARTHUR H
SIGNATURI Officer/Dire	E: Electronic Signature of Registered Agent C FAUSSAT, OLIVIER 500 HARBOUR PLACE DR SUITE 1211	Title Name Address	Dat VC WALZ, ARTHUR H 500 HARBOUR PLACE DR SUITE 1211
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: Electronic Signature of Registered Agent C FAUSSAT, OLIVIER 500 HARBOUR PLACE DR SUITE 1211 TAMPA FL 33602	Title Name Address	Dat VC WALZ, ARTHUR H 500 HARBOUR PLACE DR SUITE 1211
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: Electronic Signature of Registered Agent C FAUSSAT, OLIVIER 500 HARBOUR PLACE DR SUITE 1211 TAMPA FL 33602 D	Title Name Address	Dat VC WALZ, ARTHUR H 500 HARBOUR PLACE DR SUITE 1211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HASAN T KOCAHAN

Electronic Signature of Signing Officer/Director Detail

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004660

500 HARBOUR PLACE DR SUITE 1211

TAMPA FL 33602

Entity Name: HYDROPLUSUSA, INC.

**Current Principal Place of Business:** 

FILED Jan 07, 2017 Secretary of State CC5717645644