## 617719

,	V RCIAL BOULEVA .E, FLORIDA 3330 utess)	RD, SUITE 100
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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05/07/08--01022--014 \*\*35.00

008 MAY -7 AM 7: 54 Secretary of State

R.A. Change

TB 5/3.08

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: FLORIDA SEWER AND WATER, INC.
2. The principal	office address: 13790 N.W. 4th Street, Suite 102, Sunrise, FL 33325
•	
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 04/17/1979 Document number: 617719
	street address of the current registered agent and registered office on file with the trnent of State:
	Rita A. Stokes
	13790 N.W. 4th Street, Suite 102
	Sunrise, FL 33325
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Michael Stokes
	13790 N.W. 4th Street, Suite 102
	(P.O. Box NOT acceptable)  Sunrise, FL 33325
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Much	Michael Stokes, President  (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the spaen nonfied in writing of this change.
Mich	call Stons 4-10-08 gnature of Registered Agent) (Date)
If signing on be	half of an entity:
MICHAE	L D. STOKES
	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
CR2E045 (8/05)