

F01000006639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

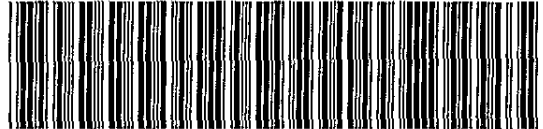
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

Rs 12/19/03
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 3, 2003

SARA ZAPPI
HYDRO WILLIAMSVILLE, INC.
300 E 56 ST #33J
NEW YORK, NY 10022-2222

SUBJECT: HYDRO WILLIAMSVILLE, INC.
Ref. Number: F01000006639

We have received your document for HYDRO WILLIAMSVILLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 203A00064835

RECEIVED
03 DEC 19 AM 9:47
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HYDEO WILLIAMSVILLE INC
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARA ZAPPI
(Name of person)

HYDEO WILLIAMSVILLE INC
(Name of firm/company)

300 E. 56 ST # 33 J
(Address)

NEW YORK NY 10022
(City/state and zip code)

For further information concerning this matter, please call:

Sara Zappi at (212) 302-3000
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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 NY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HYDEO WILLIAMSVILLE INC
2. The principal office address: 300 E 56 ST # 33 J
NY NY 10022
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/13/2000 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY
1201 NAYS STREET
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

RAFAEL MARRI
18387 NE 4th COURT
(P.O. Box or personal mailbox NOT acceptable)

NORTH MIAMI BEACH, FLORIDA 33179

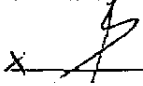
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

SARA ZAPP - VICE PRESIDENT
(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.


(Signature of Registered Agent)

8/2-15-2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

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

03 DEC 19 PM 2:22

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA