## F04000004730

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |





000440556890

SECROPADROOFIS TATES TALLAMASSEE, FLORID

124 DEC THE AMEDINGE I





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date: 12/1   | 10/2024                           |                          |  |
|--|-----------------------------------|--------------------------|--|
| Name: C  | heyanne Davis                     |                          |  |
| Reference #:   | 2567461                           |                          |  |
| Entity Name:   | KEMIRA WA                         | TER SOLUTIONS, INC.      | <u> </u>   |
| ☐ Amendmer ☐ Change of ☐ Reinstatem ☐ Conversion ☐ Merger ☐ Dissolution ☐ Fictitious N | Agent<br>nent<br>n<br>MVithdrawal | ion to Transact Business | 2024 DEC 11 AM 10: 39 SECRETARY OF STATE TALLAHASSEE, FL |
| Authorized Amour   | nt: <b>\$35.00</b>                |                          |  |
| Signature:   | Onyme Paine                       |                          |  |

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:        | 12/10/2024                        |                      |  |
|--------------|-----------------------------------|----------------------|--|
| Name:        | Cheyanne Davis                    | _                    |  |
| Reference #  | 2567461                           | _                    |  |
|              | KEMIRA WATE                       | ER SOLUTIONS, INC.   |  |
| _            | es of Incorporation/Authorization | to Transact Business |  |
| Amer         | ndment                            |                      | 2024<br>SEC  |
| ✓ Chan       | ge of Agent                       |                      | DEC<br>RET/  |
| Reins        | statement                         |                      | HAS<br>HAS   |
| Conv         | ersion                            |                      | AM IO<br>OF S<br>SEE,  |
| ☐ Merge      | er                                |                      | 2024 DEC 11 AM 10: 39<br>SECRETARY OF STATE<br>TALLAHASSEE, FL |
| ☐ Disso      | lution/Withdrawal                 |                      | , .  |
| ☐ Fictitie   | ous Name                          |                      |  |
| Other        |                                   |                      | ····   |
|              |                                   |                      |  |
| Authorized A | Amount: \$35.00                   |                      |  |
| Signature: _ | Ohyma Paine                       |                      |  |

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

| statement of cha  | nge is submitted for a corpora  | 2, 617.0502, 607.1508, or 617.1508, Fi<br>tion organized under the laws of the St<br>e or registered agent, or both, in the Sta   | ate of Delaware   |   |
|---|---|---|---|---|
|   |   | EMIRA WATER SOLUT   |   |   |
|   | office address: No Change   |   |   | _ |
| 3. The mailing a  | ddress (if different):  |   |   |   |
| 4. Date of incorp   | oration/qualification: Augu   | ist 18, 2004 Document number:   | F04000004730  | _ |
|   | street address of the current r<br>tment of State: (If resigned, er   | egistered agent and registered office on<br>tter resigned)  | file with the   |   |
|   | C T CORP  | ORATION SYSTEM  |   |   |
|   | 1200 SOUTH  | I PINE ISLAND ROAD  | 2024<br>SEC<br>T/   |   |
|   | PLANTA  | TION, FL 33324  | DEC<br>RETI   |   |
| 6. The name and (if changed):   | street address of the new regi  | stered agent (if changed) and /or registo   | SECRETARY OF STATE TALLAHASSEE, FL                                  | ! |
|   | COGENCY GLO   | BAL INC.  | 0: 3<br>STA1<br>. FL  |   |
|   | 115 North Calho   |   |   |   |
|   | _Tallahassee, F <u>L</u>  | O Box NOT acceptable 32301  |   |   |
| The street addre  | ss of its registered office and be identical.   | the street address of the business offic  | ce of its registered agent.   |   |
| _   |   | ly adopted by its board of directors or<br>is been notified in writing of the chang   |   |   |
| /s/Shannan l  | Krippner<br>e of an officer or director   | Shannan Krippner, As  | ssistant Secretary  |   |
| I hereby accept<br>I further agree t<br>performance of<br>agent. Or, if thi<br>hereby confirm | the appointment as registered<br>o comply with the provisions<br>my duties, and I am familiar<br>s document is being filed mer<br>that the corporation has been | d agent and agree to act in this capaci.<br>of all statutes relative to the proper a<br>with and accept the obligation of my p<br>rely to reflect a change in the registere<br>inotified in writing of this change. | tv.<br>nd complete<br>osition as registered<br>ed office address, I |   |
| /s/ Tim Mayv  |   | 12/10/2024  |   |   |
| -   | nalf of an entity:  | Date  |   |   |

Tim Mayville, Assistant Secretary
Typed or Printed Name

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

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

| statement of cha   | nge is submitted for a corporat   | 2, 617.0502, 607.1508, or 617.1508, Flori<br>ion organized under the laws of the State<br>or registered agent, or both, in the State  | of De        | laware                           | -                      |
|--|---|---|--------------|----------------------------------|------------------------|
| 1. The name of t   | he corporation:KI   | EMIRA WATER SOLUTION  | ONS, I       | NC.                              |                        |
| 2. The principal   | office address: No Change   |   |              |                                  |                        |
| 3. The mailing a   | ddress (if different):  |   |              |                                  |                        |
| 4. Date of incorp  | oration/qualification: Augus  | st 18, 2004 Document number:  | F0400        | 000473                           | 0                      |
|  | street address of the current re<br>tment of State: (If resigned, ent   | gistered agent and registered office on fil<br>er resigned)   | e with the   | :                                |                        |
|  | C T CORPO   | ORATION SYSTEM  |              |                                  |                        |
|  | 1200 SOUTH  | PINE ISLAND ROAD  |              | 38                               | 202                    |
|  | PLANTA  | TION, FL 33324  |              | TALL                             | ·<br>民                 |
| 6. The name and (if changed):                            | street address of the new regis   | tered agent (if changed) and /or registered   | d office     | ECRETARY OF ST<br>TALLAHASSEE, I | 2024 DEC 1 1 AH 10: 39 |
|  | COGENCY GLOS  | BAL INC.  |              | EE,                              | -i                     |
|  | 115 North Calhou  | In St., Suite 4  O BOX NOT acceptable   |              | TATE                             | 39                     |
|  | Tallahassee, FL   | ·   |              |                                  |                        |
| The street addre   | ss of its registered office and t<br>be identical.  | he street address of the business office of   | of its regis | stered age                       | nt.                    |
| Such change wa authorized by th                          | s authorized by resolution duly<br>e board, or the corporation has  | y adopted by its board of directors or by<br>s been notified in writing of the change.  | an office    | r so                             |                        |
| /s/Shannan l<br>Signatur                                 | /s/Shannan Krippner Shannan Krippner, Assistant Secretary Signature of an officer or director Printed or typed name and title |   |              |                                  |                        |
| l furthér agrée t<br>performance of<br>agent. Or, if thi | o comply with the provisions o<br>my duties, and I am familiar w<br>s document is being filed mere                            | agent and agree to act in this capacity, of all statutes relative to the proper and of ith and accept the obligation of my posibly to reflect a change in the registered of notified in writing of this change. | tion as re   | gistered<br>ress, I              |                        |
| /s/ Tim Mayv   | _   | 12/10/2024  |              |                                  |                        |
| Sign<br>If signing on bel                                | nalf of an entity:  | Date  |              |                                  |                        |

Tim Mayville, Assistant Secretary Typed or Printed Name

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