F23000004967

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Amendment Section

COVER LETTER

TO:

Division of Corporations SUBJECT: THE ALKALINE WATER COMPANY, INC Name of Corporation DOCUMENT NUMBER: F23000004967 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: Michael Reagan Name of Contact Person THE ALKALINE WATER COMPANY, INC Firm/Company 7901 4TH ST N STE 300 Address ST PETERSBURG, FL City/State and Zip Code mreagan@alkaline88.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Gilmore Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga fer to change its registered office or regis	nized under the laws of the State of _	Nevada
	the corporation: THE ALKALINE WAT	•	
2. The principa ST PETERSBU	l office address: 7901 4TH ST N STE 300		
3. The mailing	address (if different): 8541 E ANDERSO	N DRIVE,SUITE 100 SCOTTSDALE	. AZ 85255
4. Date of incor	rporation/qualification: 08/23/2023	Document number: F2300000	04967
5. The name an	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file wi	
	REGISTERED AGENTS INC		_
	7901 4TH ST N STE 300		
	ST PETERSBURG, FL 33702		- 1 SE
6. The name an (if changed):	nd street address of the new registered ago		fice:
	OE Boca Inc.		8h :E H.
	2385 NW Executive Center Dr. Suite 100) Boca Raton FL 33431	8
	P.O. B	ox NOT acceptable	_
The street adde	ress of its registered office and the stree	t address of the business office of i	– ts registered agent,
Such change wauthorized by t	ras authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an otified in writing of the change.	officer so
Signat	Circ of an officer or director	David Guarino, Chief Finand Printed or typed name and to	cial Officer
I further agree of my duties, a document is bo	of the appointment as registered agent a to comply with the provisions of all sta and I am familiar with and accept the ob- sing filed merely to reflect a change in t as been notified in writing of this change	itutes relative to the proper and con ligation of my position as registere he registered office address, I here	nplete performance ed agent. Or, if this by confirm that the
	gnature of Registered Agent	$\frac{Q}{1}$	
If signing on b	chalf of an entity:		
Clory	Ulyra Onhchaff of DE Typed of Printed Name	Bocy Inc.	
	* * * FILING F	EE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)