Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

Email Address:

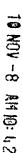
## REGISTERED AGENT CHANGE AQUA FINANCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of ch	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, thi nized under the laws of the State of WISCONST		
		tered agent, or both, in the State of Florida.		
1. The name of	the corporation: AQUA FINANCE, INC.			
2. The principal	office address: One Corporate Drive, Su	ite 300		
Wausau, WI	54401			
3. The mailing a Wausau, V	address (if different): PO Box 844 VI 54401			
4. Date of incor	poration/qualification: 6/22/1993	Document number: F93000002888		
	d street address of the current registered a rument of State:	agent and registered office on file with the		
	C T CORPORATION SYSTEM	· .		<b>A</b>
	1200 South Pine Island Road		28	NON
	Plantation FL 33324			8-1
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	活型で	音
	Corporation Service Company			2,42
	1201 Hays Street		450	
	(P.O. Box NOT acceptable	)		
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered	agent,	
Such change was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer so stified in writing of the change.		
Bean	es Mole	Blanca Lozada, Attorney in Fact		
corporation nas	the appointment as registered agent are to comply with the provisions of all stated I am jamiliar with and accept the objust of filed merely to reflect a change in the been notified in writing of this change is Service Company	(Printed or typed name and tille) ad agree to act in this capacity, utes relative to the proper and complete perfo ligation of my position as registered agent. Or the registered office address, I hereby confirm t	rmance , if this hat the	•
Ву:	Le Colon	11/03/2010		
(Signing on be	mature of Registered Agent) half of an entity:	(Dato)		
	Assistant Vice President			
	Typed or Printed Name)			
•	** * * * ***** **** ***** ****	505. 635.00 ± ± ±	•	

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