

L00000006839

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aquasolutions of Florida, LLC
(Name of corporation)

DOCUMENT NUMBER: L00000006839

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:

Samual J. Ard

(Name of person)

Ard, Shirley & Hartman, P.A.

(Name of firm/company)

P.O. Box 1874

(Address)

Tallahassee, FL 32302-1874

(City/state and zip code)

000008107540--0
-09/30/02--01071--004
****105.00 ****35.00

For further information concerning this matter, please call:

Samual J. Ard

(Name of person)

at (850) 577-6500

(Area code & daytime telephone number)

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

Mailing Address:

Name	Amendment Section
Available	Division of Corporations
	P.O. Box 6327
	Tallahassee, FL 32314
Document	
Examiner	DCC
Updater	DCC
Updater	
verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Street Address:

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

02 SEP 30 AM 10:25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00000006839

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR Limited Liability Company

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes,
this statement of change is submitted for a _____ organized under the laws of the State of
_____ in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the LLC Aquasolutions of Florida, LLC
2. The principal office address: 3145 Shamrock South
Tallahassee, FL 32308
3. The mailing address (if different): _____

4. Date of Organizational Registration 6/12/2000 Document number: L00000006839

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

Ard, Samuel J.
820 East Park Avenue, Ste 200
Tallahassee, FL 32301

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

Samuel J. Ard
207 West Park Avenue, Suite B
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

R. Dale Patchett
(Signature of an officer, chairman or vice chairman of the board)

R. Dale Patchett 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.*

Samuel J. Ard
(Signature of Registered Agent)

9-26-02
(Date)

If signing on behalf of an entity:

Samuel J. Ard
(Typed or Printed Name)

(Capacity)

*** FILING FEE: 35.00 ***

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