## L00000009789

(Requestor's Name)					
(Add	lress)				
(Add	iress)	<del></del>			
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
	JUL S	2NE 6 2024			

Office Use Only



100432963251

77 (E/C4--01010--01 \*\*20100



## **COVER LETTER**

Division of Corporations	
Gulf Coast Water Services, LLC SUBJECT:	
· · · · · · · · · · · · · · · · · · ·	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Randy L. Keim	
Name of Person	
Gulf Coast Water Services, LLC	
Firm/Company	
14611 Ben C. Pratt Six Mile Cypress Parkway	
Address	<del></del>
Fort Myers, FL 33912	
City/State and Zip Code	<del></del>
rkeim@aquasystemsfm.com Keim Ranoly	57 egmail. Com
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	call:
Randy L. Keim 2:	39 229-7148
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	::
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: Gulf Coast Wa	nter Services, L	LC		
2. (a)		(h)			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).		Mailing address of limi	ted liability company:
	14611 Ben C. Pratt Six Mile Cypress Parkway				
	Fort Myers, FL 33912	<del></del> -			
	08/15/2000	LO	0000009	9789	
3.	Date of filing/registration in Florida	<del></del> 4	<u>-</u>	Document number	
5. (a)					
J. (d)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of Sta	ute:	
	George H. Knott, Esq.				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		_	
	1625 Hendry Street, Suite 301				
	Fort Myers	12001		- <u></u>	100 100 100 100 100 100 100 100 100 100
	Fort Myers	FL		_	ئے۔ سنج
					<u>, -</u> , <u>-</u> , <u>-</u>
(b)	Enter name of NEW Registered Agent and/or NEW Register			-	
	Chief thatie of the Processing Agent and of the W Register	ea Office source	<u>35</u> :		41. E
	Randy L. Keim				•••
	NEW Registered Office Address:	_	<u>-</u>	-	လ
	14611 Ben C. Pratt Six Mile Parkway				
				_	
	Fort Myers, F	FL		-	
:hange igent w vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members of organization or the operating agreement of the	ne registered or liability comp s of the limited	office and any, it is d liability ility com	d the business office s hereby confirmed to y company or as other	of the registered
Signat	ute of a member or authorized representative of a member			Printed or typed name of	of signee
he obli o mere otifica	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address, I tim writing of this change.	gree to act in i e performance ed for in Chaj hereby confil	this capa e of my a pter 605, rm that t	acity. I further corre	n to comply with the
	re of Registered Agent				