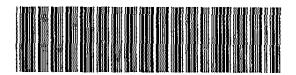
## L0600037450

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Cool Water Investments, LLC (Name of Limit	ed Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Sharon Lee			
(Name of Person)			
Cool Water Investments, LLC (Firm/Company)	80 <sup>000000</sup>	0	NE
P.O. Box 3344		07 FEB 26	IVISION OF CORPORATION
(Address)	· .	6 PH	COR
Seminole, Florida 33775		ယ္	POR
(City/State and Zip Code)		3։ 5և	
For further information concerning this matter, pl	ease call:		
	727 430-0379		
(Name of Person)	(Area Code & Daytime Telephone	Numb	er)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	S55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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, 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. The name of the limit	ted liability com	pany is: Cool Water	Investments, LLC	
2. The mailing address	of the limited lia	bility company is:	P.O. Box 3344	
Seminole, Florida 33775				
				**************************************
April 11, 2006			L06000037750	
3. Date of filing/registra	ation in Florida		4. Document num	iber
5. The name of the regis Florida Department of		he registered office	e address as shown o	on the records of the
•		tion Company		
		Name	<del></del>	· · · · · · · · · · · · · · · · · · ·
	2711 Centery	ille Road - Suite#	400	
	··	Address		
	Wilmington, D	E 19808		
	<u> </u>	City, State and Z	Cip	
6. The name and address	s of the new regis	stered agent and/or	office:	OT FEB
	Sharon A. Le	е		F CO
· .	11535 88th A Florida street	Name ve. address (P.O. Box	NOT acceptable)	PH 3:
	Seminole	FI. 337	72	54 Thomas
		City, State and Zi		
If the limited liability co- confirmed that after the cand the business office of liability company, it is hof the members of the li- or the operating agreements of the li-	change or change of the registered a creby confirmed imited liability confirmed imited limited.	es are made, the Flagent will be identified that the change(s) ompany or as other liability company.	orida street address or eal. Or, in the case of was/were authorized	of the registered office of a Florida limited I by an affirmative vote
(organization of the intermediate of addition	orizza representative e	н и щетом у		
Sharon A. Lee (Printed or typed name of signed	e)		·	
I hereby accept the appe comply with the provision and I am familiar with a Chapter 608, F.S. Or if address, I hereby confirm	ointment as reginers of all statutes and accept the ob- this document in that the limited in the	stered agent and as relative to the pro- ligations of my pos s being filed to mer I liability company		pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)		in the second se		
Diviei	on of Cornerati	ione P.O. Roy 631	7. Tallahassee, FI.	32314