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FILED 201 NOV 26 P 3: 23 7 7 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WATER!	Limited Liability Company)	-
Dear Sir or Madam:		,
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for fil	ling.
Please return all correspondence concerning	g this matter to the following:	
James Rajiah (Name of Person) WATERLIFE REALTY, L (Firm/Company) 9101 College PKWY, Suij (Address)	SECRE JAR TALLAHASS	
FORT MYRRS, FL 33919 (City/State and Zip Code)	ATE RIDA	
For further information concerning this man	tter, please call:	
JAMES RAJIAH (Name of Person)	at (<u>J39</u>) <u>823-4762</u> (Area Code & Daytime Teleph	_ none Number)
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 follow	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	,

*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 limited liability company is: WATER/ITE KEA/TY, LLC.			
2. The mailing address of the limited liability company is: 9101 College, PKW4, Suite 204.			
FORT MYERS, FL 33919			
J , ·			
3. Date of filing/registration in Florida LO70000/94/5 4. Document number			
3. Date of ming/registration in Florida 4. Document number			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:			
James Raijah			
Florida Department of State: JAMES RAJIAH Name 118 College PKWy., Suite 30 Address FORT MYERS, FL 33907 City, State and Zip			
- 118 COHRYR PRWY., SUITE SU Addréss			
FORT MUERS, FC 33907			
City, State and Zip			
6. The name and address of the new registered agent and/or office:			
6. The name and address of the new registered agent and/or office: Tames Rajiah Name Name			
GIDI CALLE DE DV. V. Suite 2000			
Florida street address (P.O. Box NOT acceptable) ∽			
FORT MILLOS EL 33919 PRATE N			
FORT MYERS FL 33919 EM City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
(Signature of a member or authorized representative of a member)			
(Printed or typed name of signee)			
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.			
(Signature of Registered Agent)			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
FILING FEE: \$25.00			