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Special Instructions to	Filing Officer:	
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Office Use Only

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SECHETARY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: STENBERG WATER SERVICES (Name of Limite	S LLC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n		
RICHARD W. STENBERG		
(Name of Person)		
STENBERG WATER SERVICÈS LLC		
(Firm/Company)	TARE J	
	OT JUL 30 AM II: 50 SECRETARY OF STATE FLORIDA	
3900 1ST LN	AHASSE	
(Address)	Mon E	
VEDO DEAGLE EL 20000	STA 5	
VERO BEACH, FL 32968 (City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
RICHARD W. STENBERG at (772 528-0005	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	
Enclosed is a check for the following am	ount:	
\$25 Filing Fee		

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 compa	iny is: STENBERG WATER SERVICES LLC.
2. The mailing address of the limited liabi	lity company is: 3900 1ST LN, VERO BEACH, FL 32968
MAY 4, 2007	L07000047809
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	e registered office address as shown on the records of the
BIRAN C HEF	
	Name
8414 S US HW	Y 1 (LAKES PLAZA)
B057.07.110	Address
PORT ST. LUC	City, State and Zip
6. The name and address of the new registe	
RICHARD W. S	STENBERG
MOTOTO VI.	Name 3
3900 1ST LN	Name 925
	oddress (P.O. Box NOT acceptable)
VERO BEACH,	FL 32968
	City, State and Zip
confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed the	nized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office tent will be identical. Or, in the case of a Florida limited hat the change(s) was/were authorized by an affirmative vote inpany or as otherwise provided in the articles of organization iability company.
(Signature of a thember or authorized representative of	a member)
RICHARD W. STENBERG	
(Printed or typed name of signee)	
I hereby accept the appointment as registe comply with the provisions of all statutes rand I am familiar with and accept the oblichapter 608, FIS. On this document is address, whereby confirm that the limited (Signature of Registered Agent)	ered agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.
/	ons. P.O. Box 6327. Tallahassee. FL 32314

FILING FEE: \$25.00