(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Littly Name)						
(Document Number)						
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJE	GAS AND WATER LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam;				
The end	closed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this matter	to the following:			
	ZODRIGO VIDAL				
	Name of Person				
	GAS AND WATER LLC Firm/Company				
	1317 Edgewater Dr #749				
	Address				
	Orlando FL 32804				
	City/State and Zip Code				
	GASANDWATERLLC OGMAIL.				
	her information concerning this matter, please ca				
	Name of Person	772) 3804970 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			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

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

Name of the limited liability com	pany: GAS AND WAT	TER LLC		
(a) 9290 HAMMOCKS BLVD STE	404	(b) PO BOX (02-5262QTO-3779MIAMI, FL 33102
Principal office address of lin (Note: MUST BE STI MIAMI, FL 33196		 `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
07/30/2009			L090000734	134
Date of filing/registra Rueda, Lilibeth (a)	tion in Florida	4.		Document number
Registered Agent and Registered Off	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9290 HAMMOCKS BLVD STE 404			SECT SECT
Registered Office Address (MUS)	T BE FLORIDA STREET	ADDRES	2)	FILED 2021 NOV 12 PH 4: 17 SECRETARY OF STAT STALLAHASSEE, FI
	, F	L		SSEE
b) Randy Milliken Enter name of NEW Registered Ago	ent and/or <u>NEW Registere</u>	d Office at	idress:	PAR 1
1317 Edgewater Dr				
NEW Registered Office Address:				
Orlando	, F	L	32804	-
ige or changes are made, the Flori it will be identical. Or, in the east	da street address of the e of a Florida limited li e vote of the members	e register iability co of the lin	ed office and ompany, it is nited liability liability com	
- Illing			201	Printed or typed name of signee
gnature of a number or authorized repress ereby accept the appointment as re- visions of all statutes relative to the obligations of my position as regis nerely reflect a change in the regis fied in writing of this change.	egistered avent and av	ree to ac e perform ed for in hereby c	t in this can	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and access. F.S. Or, if this document is being file the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FHANG FEE: \$25.00

Randy Milliken
Signature of Registered Agent