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SECRETARY OF STATE

T. CLINE

SEP 15 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT:Aquatic De	sign & Development Group, LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Lesli Long	
Name of Person	
Aquatic Design & Development (Firm/Company	Group, LLC
	20H SI SECRI TALLA
Ocala, FI 34482 City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE, FLORIDA
tom@tbowlesconsulting. E-mail address: (to be used for future annual repo	com SP
For further information concerning this m	natter, please call:
Tom Bowles	at (352)427-6731
Name of Person	Area Code & Daytime Telephone 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 follo	wing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

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. Name of the limited liability company:Aquatic_	<u>Design & Developmer</u>	nt Group, LLC	
2. (a) Principal office address of limited liability compar	ny: 4344-B	4344-B SE 95th St	
(Note: MUST BE STREET ADDRESS)	Ocala, Fl 34480		
(b) Mailing address of limited liability company:	same		
(Note: MAY BE POST OFFICE BOX)			
September 03, 2010	L1000009	2691	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida	Dept. of State:	
Registered Agent:	US Corporation Agent	s, Fig. 22	
Registered Office Address:	13302 Winding Oaks E Suite A-100	I · (C)	
	Tampa, Fl 33612	SA T	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office add	ress ^T S = C	
NEW Registered Agent:	Tom Bowles	TATE .	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	35 Never Bend Drive		
(MOST BL I BORIDI STREET TROCKESS)	Ocala	,FL <u>34482</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the operating agreement of the limited liability company. Lexi T. Love Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a F s) was/were authorized by a	e registered office Florida limited an affirmative vote	
Lesli T. Long Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity roper and complete perform osition as registered agent verely reflect a change in th ny has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
Signature of Registered Agent			
millionia ne resimenta e Paris			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00