L11000013134

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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	ex-PRODUCTS, L		
	4	HQUA ~	ortroducts L	L-C-	
SUBJE	ECT:	Name of Limit	ted Liability Company		
	·	Name of Emil	to District Company		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Fonda L Herrick		
			Name of Person		•
			Firm/Company		-
			P O Box 20706		_
			Address		
Tampa FL 33622 City/State and Zip Code					-
		michae	I.tippin@axa-advisors.obe used for future annual report	com	
For fur	ther information co	ncerning this matter, please c		i nonneauon)	
Fonda L Herrick			at (_813_)	466-3261	
	Name of	Person	Area Code & D	Baytime Telephone Number	ा
Enclos	ed is a check for the	e following amount:			
\$2 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is end	closed) Certified	ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO SECRETARY OF STATE OF CORPORATIONS OF

AQUA BOX PRODUCTS, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company was Florida document numberL11000013134	vere filed on1/27/11 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action **Address** Title Name 1 MGR Fonda L Herrick ☐ Add

✓ Remove 14820 Rue de Bayonne #608 Clearwater FI 33762 □ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 25 2012 . Dated ____ Signature of a member or authorized representative of a member

Carmine J LaCognata
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00