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(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILED
2019 SEP 13 AH ID: 41

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COVER LETTER

TO:	Registration Section Division of Corporations						
CHDH	WHITE WATER USA, LLC.						
ភបសា	SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to the following:					
JOSE	E S BANOS						
	Name of Person						
_							
	Firm/Company						
145 8	SW 8TH ST UNIT 801						
	Address						
MIAN	AI FL 33130						
	City/State and Zip Code						
joses	antiagob@bellsouth.net						
I.	E-mail address: (to be used for future and	nual report notification)					
For fu	rther information concerning this matter	. please call:					
JOSE	S BANOS	305 298 3740					
	Name of Person	Area Code & Daytime Telephone Num	ber				
	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 following 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 605,0114 or 605,0116, 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. Na	me of the limited liability company: WHITE WAT	ER USA,	LLC				
2. (a)	145 SW 8TH ST UNIT 801	(b)	(b) 145 SW 8TH ST UNIT 801				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		dailing address of the control of th			-
	MIAMI FL 33130		MIAMI F	L 33130			
	07/25/2011	 	.1100008	35261			
3. 5. (a)	Date of filing/registration in Florida CIERCO, JAVIER	4.		Document nu	umber		
(u)	Registered Agent and Registered Office shown on the records of 555 NE 15TH ST SUITE 215	the Florida I	Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>		•			
	MIAMI . FI	33132			Ţ	2019 SEP	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> CIERCO, JAVIER	l Office add	ress:		·· ·- ·	13 AH 10: 4	
	NEW Registered Office Address:			•	- 500		
	145 SW 8TH ST UNIT 801						
	MIAMI	33130					
the cha	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative sote of the members of cles of organization or the operating agreement of the	f the regist ability cor	ered office npany, it is ted liability ability com	and the busing the and the busing the company or appany.	ness office irmed that the as otherwise	of the re he chang se provid	gistered ge(s)
Signat	my y a framber or authorized representative of a member			Printed or types	d name of sign	ice	
I lycrel provision ine obli to merc notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I also withing of this change.	ree to act i performa d for in Ci hereby coi	n this can	acity I furthe	er agree to a	comply v	vith the l accept ng filed heen
Month	re of Registered Agent						