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COVER LETTER

Division of Corporations	
SUBJECT: 5 Waters Global Venture SLLC Name of Limited Liability Company	
Name of Limited 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 matter to the following:	
Damon Vu Name of Person	
5 Waters Global Ventures LLC Firm/Company	
701 S Howard Ave Suite 106312 Address	
Tampa, FL 33(e06 City/State and Zip Code	
E-mail address: (to be used for future abnual report notification)	
For further information concerning this matter, please call:	
Damon Vu at (248) 797-7973	_
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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.

rs Global Ventures LLC
ny: 7018 Howard Ave
Suite106312
Tampa, FL 33606
701 SHoward Are
Suite 106312 Tampa, FZ 33606
1
<u>L 000 03930</u> 4. Document number
n the records of the Florida Dept. of State:
Damon Vu
1075 Howard Ave
Suite 106312 Tampa, FL 33606
Tampa, FL 35606
EW Registered Office address:
Damon Vu
7018 Howard Ave
701 s Howard Ave Scrite 106312 Tamper FL 33601,
e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. Agree to act in this capacity. Affirmed gree to a complete performant of my duties, position as registered agent as provided for in the registered office by has been notified in writing of this change.

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

Signature of Registered Agent