Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000249640 3)))



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From:

Account Name : FOX ROTHSCHILD LLP

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**Enter the email address for this business entity to be used for furnire annual report mailings. Enter only one email address please. *

Email Address: TOppenheimer@foxrothschild.com

LLC REGISTERED AGENT CHANGE WORLD FRESH WATERS OF FLORIDA, LLC

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Corporate Filing Menu

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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 co	ompany: WORLD FRESHWATE	RS OF FLORIDA, LLC	·
2. (a) Principal office address of (Note: MUST BE STRE.	limited liability company	C/O 1200 S PINE ISLAND ROAD #250	
		PLANTATION, FLORIDA 33324	
(b) Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	SAME AS PRINCIPAL ADDRESS	SEUT PALL	
			7. T
11/01/2012		L12000138750	SS 25
3. Date of filing/registration in Fl	orida	4. Document number	ma. P
5. (a) Registered Agent and Reg	istered Office shown on t	he records of the Florida De	pt. of Stiles 72
Registered Agent:		EXECUTIVE REGISTERED AGENT, INC	SEM U
Registered Office Address	,	283 CATALONIA AVENUE	
regional Onico i technol	•	SUITE 100	
		CORAL GABLES, FL 33134	
NEW Registered Agent:		CT CORPORATION SYSTEM	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 S PINE ISLAND ROAD, #250		
	PLANTATION	,FL 33324	
If the limited liability company is confirmed that after the change or and the business office of the regiliability company, it is hereby con the members of the limited liabilithe operating agreement of the limited liability.	changes are made, the Fl stered agent will be ident firmed that the change(s) ty company or as otherwi-	orida street address of the re ical. Or, in the case of a Flor was/were authorized by an a	gistered office rida limited affirmative vote of
Signature of a member of authorized represen	utative of a member	-	
Printed or Prod name of signed	nes	-	
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept Chapter 608, F.S. Or, if this doct address. I hereby confirm that the		gree to act in this capacity. Sper and complete performa Sition as registered agent as rely reflect a change in the r y has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.
	ssistant Secretary		
Signature of Registered Agent			
Division of Co	rporations, P.O. Box 63	27. Tallahassee, FL 32314	

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

INHS18 (05/08)