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| (Re | questor's Name) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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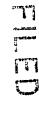
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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| · | | |
| SUBJECT: Bridgewater Consults, LLC | | |
| Name of | Limited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | |
| Jeffrey S. Kaufman, Esq. | | |
| Name of Person | | |
| Kaufman, Englett & Lynd, PLLC. | | |
| Firm/Company | | |
| r im/Company | | |
| 111 N. Magnolia Ave., Ste 1600 | | |
| Address | | |
| Orlando, FL 32801 | | |
| City/State and Zip Code | | |
| sfurnari@kelattorneys.com | | |
| E-mail address: (to be used for future annual | report notification) | |
| For further information concerning this matter, plea | ase call: | |
| Jeffrey S. Kaufman, Esq. | 407 513-1900 | |
| 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 following amount: | | |
| ☑ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | |
| INHS18 (2/14) | | |