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16 FEB -2 FN 12: 19
SECRETARY OF STATE

FEB 03 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Global Lakes and Wetlands Distributors (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:				
Shn Natale Name of Person				
Global lakes and Wetlands Distributors UC Firm/Company				
PO BOX 541510 Address = 5				
Lake WoAh, £133454 City/State and Zip Code				
Jan @ Phaguatics . (om F-mail address: (to be used for future annual report potification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
John Notale at (561, 719-4600				
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)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submits Florida	nt to the provisions of sections 605.0114 or 605.0116, the following statement in order to change its regi	Florida Sta stered offic	itutes, the und e or register	dersigned limited ed agent, or bo	d liability company oth, in the State of
	me of the limited lightlity company:	lake?	s and I	Wetland	5 Distribute
2. (a)	1555 tolsom Rd	_ (b)	POB	SOX 54	1510
(u) .	Principal office address of limited liability company:	_ (5)	_	address of limited	
	(Note: MUST BE STREET ADDRESS)		(Note	e: MAY BE POST	OFFICE BOX)
	Loyahatchee, 4 33470		lake	Worth	, 4C 33454
	7-2-2014		L 140	100 1054	107
3.	Date of filing/registration in Florida	4.	Docu	ment number	
5. (a)	Alan M Buxaer				
J. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Dep	t. of State:		
	505 S. Floater AL	10			
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)			
	Suite 200	···			
	1,200) Dala Acord	2711		ummid * "make"	· =
	WEST Paim Beach, FL	224C	<u> </u>		
(b)	les C. Shields				
	Enter name of NEW Registered Agent and/or NEW Registered (office address	ŧ.		7
	685 Royal Palm	Beac	LA Bluc	el :	
	NEW Registered Office Address:				票而 6
					
	Royal Palm Beach, FL	334	<u> </u>		
agent w was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registere pility compa the limited	ed office and to any, it is here liability com	the business offi by confirmed the pany or as other	ce of the registered at the change(s)
Signs	ure of a member or audiorized representative of a member		Printe	d or typed name of	signee
I heret provision the oblit to mere notified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ty reflect a change in the registered office address, I ha in writing of this change.	e to act in t verformance for in Chap vereby confi	his capacity. e of my duties, oter 605, F.S. m that the lin	I further agree , and I am famil Or, if this docu nited liability co	to comply with the iar with and accept ment is being filed mpany has been