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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only/Otato/Zip/) Hone #/				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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K. SALY NOV - 8 2016

COVER LETTER

	Registration Se Division of Co				
SUBJE	СТ:	Coastal	Water Name of Limite	Solutions, LLC. ed Liability Company	
Dear Sir	r or Madam:				
The enc	losed Registere	ed Agent/Register	red Office Change	and fee(s) are submitted for filing.	
Please r	eturn all corres	pondence concer	ning this matter to	the following:	
	ames	Walden Name of Person	1		
Coastal Water Solutions, LLC. Firm/Company					
6671 W-Indiantown Rd. Suite 50-328 Address					
Jup	oiler, Ci	F1 · 3345 ty/State and Zip	Code		
			ure annual report i		
For furt	her information	concerning this	matter, please call	:	
Jam	es Wala		at (<u>5</u>	61) 693 - 8998	
	Name	of Person		Area Code & Daytime Telephone Number	
	CTDEET/COL	URIER ADDRE	ee.	MAILING ADDRESS.	
	Registration Se		33:	MAILING ADDRESS: Registration Section	
	Division of Co			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:					
			_	3 4	
	\$25 Filing F	ee		\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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:Coas-fal	Water Solutions, LLC.
2. (a)	1550 Sharon Lane	(b) 6671 W. Indiantown Road
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Middleburg, Fl. 32068	Suite 50-328
	<u> </u>	Jupiter, F1.33458
	3 9 2015	LI50000 430 32-
3.	Date of filing/registration in Florida	4. Document number
5. (a)	James Walden / Kevin Minton	
	Registered Agent and Registered Office shown on the records of the	the Florida Dept. of State:
		122
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS) ACCRETATION 370068 THE SECRETARY SECRETARY SECRETARY ASS.
	1550 Sharon Lane	
	Middleburg, FL	_ 37068 M
	0	FINE E
(b)	Enter name of NEW Registered Agent and/or NEW Registered	
		REF. I
	6671 W. Indiantown Road	ア
	NEW Registered Office Address:	
	Suite 50-328	
	Jupiter ,FL	<u>. 33458</u>
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lia	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
Signat	and of a member or authorized representative of a member	James Walden Printed or typed name of signee
I herel provisi the obli to mere notifled	by accept the appointment as registered agent and agre	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
	V	