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(Re	equestor's Name)	·-			
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations		
Aqua Green Services	s, LLC	
SUBJECT:		
_ 	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/R	legistered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to th	e following:
Natly Torres Alvarado		
Name of	Person	
Torres Alvarado, PA		
Firm/Co	mpany	
390 N. Orange Ave., Suite 2300		
Addre	SS	
Orlando, FL 32801		
City/State a	nd Zip Code	
ntorres@torrespalaw.com		
E-mail address: (to be used	for future annual report no	ification)
For further information concerni	ng this matter, please call:	
Natly Torres Alvarado	407	801-3529
	at ()
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporation	ons	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee. FL 32314	l .	2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
Enclosed is a check for	the following amount:	
■ S25 Filing Fee	٥	S55 Filing Fee & Certified Copy

(NHS18 (2/14)

20 AUG 11 AM11: 12

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.

Na	Aqua Green Se me of the limited liability company:			
(a)		('h)	
(4,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 440 US HWY 90 East STE 2			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 440 US HWY 90 East STE 2
	Little River, SC 29566		-	Little River, SC 29566
	08/18/2015		I.	.15000140860
	Date of filing/registration in Florida	4.		Document number
(a)	Registered Agent and Registered Office shown on the records of Promise Sande	of the Florid	da Di	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREE 746 BUCKLIN LOOP	T ADDRES	<u>(2)</u>	
	MYRTLE BEACH	29579 FL		20 AUS 14 AM 11:
b)	Enter name of NEW Registered Agent and/or NEW Register	· · · · · · · · · · · · · · · · · · ·		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office at	ddr	<u>855</u> :
	Torres Alvarado, PA			
	NEW Registered Office Address: 390 N. Orange Ave., Suite 2300			70
	Orlando,	32801 FL		
ngent 's/w art	imited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of the mixed properties of the members of	he register Tiability c s of the lir	red com mite lial	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. LOMISE SAME
ere ovis oh net Vie	nure of a member or authorized representative of a member obvious for the appointment as registered agent and a tions of all statutes relative to the proper and completigations of my position as registered agent as provide for effect a clipinge in the registered office address, diviviting of this change.	le neriorn	27711	ce of my duties, and I am familiar with and accept
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Division of Corporations • P.O) Roy 637	77 a	Tallahassee, FL 37314

FILING FEE: \$25.00

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