## L15 200161568

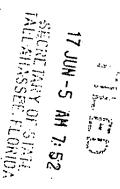
| (Req                                    | uestor's Name)   |             |  |  |  |
|---|------------------|-------------|--|--|--|
| (Address)                               |                  |             |  |  |  |
| (Address)                               |                  |             |  |  |  |
| (City.                                  | /State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |  |
| (Business Entity Name)                  |                  |             |  |  |  |
| (Document Number)                       |                  |             |  |  |  |
| Certified Copies                        | Certificates     | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |  |
|   |                  |             |  |  |  |
|   |                  |             |  |  |  |
|   |                  |             |  |  |  |

Office Use Only



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## **COVER LETTER**

|   | istration Section<br>sion of Corporations   |                        |  |  |  |  |  |
|---|---|------------------------|--|--|--|--|--|
| SUBJECT:                                      | Dry 24 Water Restoration, L   | LC                     |  |  |  |  |  |
|   | Name of Limited Liability Company   |                        |  |  |  |  |  |
| Dear Sir or I                                 | Madam:  |                        |  |  |  |  |  |
| The enclosed                                  | d Registered Agent/Registered Offi  | ice Change and fe      | e(s) are submitted for filing.   |  |  |  |  |
| Please return                                 | all correspondence concerning the   | is matter to the fol   | llowing:   |  |  |  |  |
| Keathel C                                     | hauncey, Esq.   |                        |  |  |  |  |  |
|   | Name of Person  |                        | -  |  |  |  |  |
| Fresh Leg                                     | al Perspective, PL  |                        |  |  |  |  |  |
|   | Firm/Company  |                        | -  |  |  |  |  |
| 6930 W. L                                     | inebaugh Avenue   |                        | _  |  |  |  |  |
|   | Address   |                        |  |  |  |  |  |
| Tampa, F                                      | L 33625   |                        |  |  |  |  |  |
|   | City/State and Zip Code   |                        | -  |  |  |  |  |
| Contact@                                      | BLTFL.com   |                        |  |  |  |  |  |
| E-mail  | address: (to be used for future ann   | ual report notifica    | ation)   |  |  |  |  |
| For further i                                 | nformation concerning this matter,  | please call:           |  |  |  |  |  |
| Keathel C                                     | hauncey, Esq.   | 813                    | 448-1042   |  |  |  |  |
|   | Name of Person  |                        | Area Code & Daytime Telephone Number   |  |  |  |  |
| Reg<br>Divi<br>Clif<br>266                    | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | Regis<br>Divis<br>P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 |  |  |  |  |
| Enclosed is a check for the following amount: |   |                        |  |  |  |  |  |
| <b>2</b> \$                                   | 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

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: Dry 24 Water I   | Resto   | ration, LL0  |  |
|-------------------------------|---|---|--|--|
| 2. (a)                        | 100 S. Ashley Drive   | a   | Ashley Drive   |  |
| <b></b> (u)                   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ (   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|                               | Suite 600   | _   | Suite 60   | 00   |
|                               | Tampa, FL 33602   | _   | Tampa,   | FL 33602   |
|                               | 09/22/2015  |   | L150001  | 61568  |
| 3.                            | Date of filing/registration in Florida  | 4.  |  | Document number  |
| 5. (a)                        | Fresh Legal Perspective, PL   |   |  |  |
|                               | Registered Agent and Registered Office shown on the records of the  | e Florid  | a Dept. of State   | -<br>e:  |
|                               | 3802 Ehrlich Road   |   |  | _  |
|                               | Registered Office Address (MUST BE FLORIDA STREET A   | DDRES:  | <u>S)</u>  |  |
|                               | Suite 308   |   |  |  |
|                               | Tampa   | 33624   | ,  |  |
| (b) <b>'</b>                  | Fresh Local Perspecti   | ve.   | PC   | JUN -  |
| (-)                           | Enter name of NEW Registered Agent and/or NEW Registered C  | Office at   | ldress:  | STATE OF THE STATE |
|                               | 6930 W. Linebaugh Avenue  |   |  |  |
|                               | NEW Registered Office Address:  |   |  |  |
|                               | Tampa .FL;  | 33625   | i  | -  |
| the cha<br>agent v<br>was/we  | mited liability company is not organized under the law<br>nge or changes are made, the Florida street address of t<br>vill be identical. Or, in the case of a Florida limited liab<br>ere authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the l | the reging the second | stered office<br>ompany, it in<br>ited liabilit<br>liability con | e and the business office of the registered<br>s hereby confirmed that the change(s)<br>cy company or as otherwise provided in<br>inpany.  |
| Simi                          | ure of a member or authorized representative of a member  | Ke  | athel Cha  | Printed or typed name of signee  |
| •                             | •   | na to aa  | t in this can  | ••   |
| provisi<br>the obl<br>to mere | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address, I had<br>I in writing of this change                              | e to ac<br>perform<br>for in<br>ereby c   | ictin this cap<br>pance of my<br>Chapter 602<br>confirm that     | deties, and I am familiar with and accept duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been   |
| -/3                           | Houte Much  |   |  |  |

Signature of Registered Agent