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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Living Waters Home Services, UC 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: | | | |
| William J. Eaton Name of Person | | | |
| Living Waters Home Services LLC Firm/Company | | | |
| 7575 N. Heller Ave | | | |
| Dunnellon, FL 34433 City/State and Zip Code | | | |
| Winqwaters homeservices @ gmail. com Remail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| William J. Faton at (352) 533-0398 Name of Person Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: Pagintentian Section | | | |
| Registration Section Registration Section Division of Corporations 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: | | | |
| \$25 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: Living Waters Home Services, LLC |
| 2. | (a) | (b) |
| | `, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | 7575 N. Heller Ave 7575 N. Heller Ane |
| | | Dunnellon, FL 34433 Dunnellon, FL 34433 |
| | | 10/13)2015 L15000173964 |
| 3. | | Date of filing/registration in Florida 4. Document number |
| 5. | (a) | LegalInc Corporate Services INC. |
| | | LegalInc Corporate Servicos INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | | \$237 Summer in Commons Office Address |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | | Suke 400 |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: \$237 Summerin Commens Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suike 400 Fort Magres , FL 33907 |
| | | |
| | (b) | Living Waters Home Services, LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | | 7575 N. Heller Die |
| | | NEW Registered Office Address: |
| | | |
| | | * . |
| | | Donnellon, FL 34433 |
| Ιf | the li | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after |
| the | e cha | nge or changes are made, the Florida street address of the registered office and the business office of the registered |
| Wa | ıs/we | vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in |
| the | arti | cles of organization or the operating agreement of the limited liability company. |
| 4 | Signat | ure of a member of authorized representative of a member William J. Eaton Printed or typed name of signee |
| I | herei | by accent the appointment as registered agent and agree to act in this capacity. I further agree to comply with the |
| pr | ovisi e obl | ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed |
| to no | mere tified | ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in this change. |
| 1. | 10 | mt & the |
| Si | gnatu | e of Registered Agent |

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00