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(Document Number)						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Aqualis, LLC			
	Name o	of Limited Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this n	natter to the following:		
	Laurel Bower Name of Person			
<del></del>	Aqualis, LLC Firm/Company			
_15	1496 Elwood Ave Address			
	Port Charlotte, FL City/State and Zip Code	33953	2018 JAN 18 SECRETKRY TALLAHASSE	Ť
E	laure 1 @ thecare free-mail address: (to be used for future annual	report notification)	N 18 A 10: ASSEE, FLOR	
For fu	ther information concerning this matter, ple	ease call:	10: 18 13:1: 03:10:	
	aurel Bower	at (303) 717-4824		
	Name of Person	Area Code & Daytime Telepho	one 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 an	nount:		
	\$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	nme of the limited liability company: Aqualis	LLC			
2. (a)	Aqualis LLC Principal office address of limited liability company:	_ (b)	A queli.  Malling addre	S, LLC ess of limited liability o	ompany:
	(Note: MUST BE STREET ADDRESS)		(Note: MA	Y BE POST OFFICE	BOX)
	14496 Elwood Ave		14496 8	Elwood Av	<u></u>
	Port Charlotte, FL 33953		Port Ch	arbite FL	<u> </u>
	6/10/2016		L 1600C	113021	
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)	Bruce HVanderlaan, Attorneyat Registered Agent and Registered Office shown on the records of the				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	14047 Shimmering Lake Cou	7			
	Ft Hyers .FL		)7		
(b)	Laurel Bower Enter name of NEW Registered Agent and/or NEW Registered (	Office addr	ess:	2018 JAN 18 SECRETARY	FILE
	NEW Registered Office Address: 14496 Elward Ave			A IO. 1	Ö
	Port Charlotte FL	339	53	0	
Signa  I here provisi the oblito mere notified	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	the registe bility confithe limit imited lia	ered office and the bunpany, it is hereby co ed liability company ibility company.  Perg Boul Printed or ty	usiness office of the patirmed that the chor as otherwise property of name of signee there agree to come	e registered hange(s) ovided in
Ì	Lieurel Bower				

Signature of Registered Agent