## 116000138974

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

TO: Registration Section Division of Corporations		
SUBJECT: SOZKERS SOINSh Pads LLC Name of Limited Liability Company	<del></del>	
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:		
Wendy Pudulski Name of Person  502 Kers Splash Pads  Firm/Company		
3724 SE 16th Pl Address		
Cape Cor21 FL 33984 City/State and Zip Code	2010 OCT -	, , , , , , , , , , , , , , , , , , ,
Wendy@soakerssplashpads.com		FT
E-mail address: (to be used for future annual report notification)	2 PH - 1	ere er
For further information concerning this matter, please call:	5 B	
Wendy Pudelski at (330), 575-1005  Name of Person Area Code & Daytime Telephone Num		
Name of Person Area Code & Daytime Telephone Num	ber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations		

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provi submits the following Florida.	sions of sections 605.0 g statement in order to	o change its regis	stered off	ice or register	ed agent, or	both, in the State of
	ed liability company:	Soak	er s	Splasi	n Pad	SLLC
2. (a)			(b) _			,
Principal	office address of limited lia		- ("/	_		d liability company:
372	4 SEILOTE	PI		372	+ SE	Tleth Pl
Cape	Coral FL	33904	<del>.</del> –	Cape	Coral	FL 339;
7	125/16			L-160	00138	974
3. Date	of filing/registration in	Florida	4.	Docu	ment number	
5. (a) Unite Registered Agent	d States Co and Registered Office show	on of the records of the		,	nc.	
Registered Office	: Address (MUST BE F)	LORIDA STREET AL	ODRESS)			
1330	2 Windin	a Dak C	burt	A		
1:	21102	, FL	33	412		
11/2	endy Pud	alck:				
(U) <u></u>	W Registered Agent and/o	or <u>NEW Registered O</u>	ffice addre	<u></u>		
NUCLSAL Diseases	100. 14					源上 [
NEW Registered	724 SF //	oth Pl				2 11
Care	Coral	, FL	339	104		1: 21
If the limited liability	company is not organi	zed under the laws	of the St	ate of Florida,	it is hereby co	infirmed that after
the change or changes	are made, the Florida L. Or, in the case of a F	street address of th	he register	ed office and t	he business of	ffice of the registered
was/were authorized b	by an affirmative vote of ation or the operating a	of the members of	the limite	d liability com	pany or as oth	
/	11	_	mired Has	Wendy	Pudel.	ski
Signature of a member of	Production authorized representative	of a member		Printe	d or typed name	of signee
provisions of all statu the obligations of my to merely reflect a ch notified in writing of t	, , , .	ed agent and agree er and complete p agent as provided j iffice address, I he	e to act in erformand for in Cha ereby conf	this capacity, ce of my duties, ipter 605, F.S. irm that the lin	l further agre and l am fam Or, if this doc nited liability (	e to comply with the siliar with and accept cument is being filed company has been
Signature of Registered A	g/Udelsli	<del></del>				