L17000044583

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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04/21/17--01027--020 **25.00

COVER LETTER

Registration Section Division of Corporations				
SUBJECT: Agua Ry, LLC 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:				
Atty. Dawn L. Drellos-Thompson Name of Person				
Compass Law Firm, PA				
27499 Riverview antar Blud, Suite 210 Address				
Bonita Springs FL 34134 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Susan Bledsoe at 941 740-2167 Name of Person Area Code & Daytime Telephone 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 amount:				
□ \$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.

Pioriu	iau.	
1. N	Name of the limited liability company: Agua Rx, LLC	
2. (a)	(b)	
(,	Principal office address of limited liability company: Mailing address of	of limited liability company: BE POST OFFICE BOX)
	2100 Plarida Avenue 2100 Plarida	Avenue
	Englineral, FL 34244 Engelwood	
	engelmon, PE Significant	F = 5 7 8 4 7
	Date of filing/registration in Florida L1700004 Document nu	4583
3.	Date of filing/registration in Florida 4. Document nu	
5. (a)	n) Mark Timchola	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		7
	2100 Florida Avenue	APR
	2100 Florida Avenue Engelwood ,FL 34224	2
		≥ SYM East D
(b)		A STATE OF S
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	ü 🚉
		484 II
	NEW Registered Office Address:	
	1575 Helena Avenue	
	Engelwood, FL 34223	
	- Chadwood ,FL 37265	
If the li	limited liability company is not organized under the laws of the State of Florida, it is here	by confirmed that after
agent w	ange or changes are made, the Florida street address of the registered office and the busin will be identical. Or, in the case of a Florida limited liability company, it is hereby confir	ess office of the registered med that the change(s)
was/we	vere authorized by an affirmative vote of the members of the limited liability company or a ticles of organization or the operating agreement of the limited liability company.	is otherwise provided in
the arti		1 . —
Signat	ature of a member or authorized representative of a member Dawn — Dre V	name of signee
I herei	eby accept the appointment as registered agent and agree to act in this capacity. I further	agree to comply with the
the obli	eby accept the appointment as registered agent and agree to act in this capacity. I further sions of all statutes relative to the proper and complete performance of my duties, and I are digations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the rely reflect a change in the registered office address, I hereby confirm that the limited liable of my writing of this change.	is document is being filed
notified		
Signatur	He of Registered Agent	
/	- <i>(/</i>	

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