117000 78410

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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2019 JUL 22 AM 10: 27 SECRELARY SELPTATE

JUL 29 2019

C KINSE,

COVER LETTER

Divi	sion of Corporations					
	Water Filter Warehouse Name of Limited Liability Company					
SUBJECT:						
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change	and fe	e(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to	the fo	Howing:		
Daniel Kel	lleher					
	Name of Person			-		
Water Filte	er Warehouse					
	Firm/Company			-		
3110 Lithia	a Pinecrest Rd.					
	Address			-		
Valrico, Fl	_ 33596					
	City/State and Zip Code			-		
_	vaterfilterwarehouse.com					
E-mail	address: (to be used for future and	nual report r	otifica	ation)		
For further i	nformation concerning this matter	. please call	:			
Daniel Kel	lleher	813		965-5109		
	Name of Person			Area Code & Daytime Telephone Number		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building I Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	g amount:				
☑ \$	25 Filing Fee		\$55	Filing Fee & Certified Copy		

INHS18 (2/14)

TO: Registration Section

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.

I. N	ame of the limited liability company: Water Filter \	<i>N</i> arehous	e 			
2. (a)				· -		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address o	of limited liability company: BE POST OFFICE BOX)		
	3110 Lithia Pinecrest Rd.	3	3110 Lithia Pinecres	st Rd.		
	Valrico, Fl 33596		/alrico, FI 33596			
	April 7, 2017	L	7000078410			
3.	Date of filing/registration in Florida	4.	Document nu	mber		
5. (a)						
(4)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:			
	Benjamin M Sink					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	3110 Lithia Pinecrest Rd.			201 SE		
	Valrico . FI	33596		FILED 2019 JUL 22 AM 10: 2: SECKETAL SEC. FL		
				22 22		
(b)						
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office addre	<u> </u>	ē O		
	Raquel A Arias			AMIO: 27		
	NEW Registered Office Address:					
	3506 SAN MOISE PL					
	PLANT CITY .FL	_3356	7			
the cha agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the St f the registe lability com of the limite limited lial	ate of Florida, it is here red office and the busin pany, it is hereby confi- d liability company or	ness office of the registered rmed that the change(s)		
Signo	dure of a member or authorized representative of a member	Printed or typed name of signee				
provis the ob- t o me r	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d in writing of this change.	ree to act in performan of for in Ch hereby conj	this capacity. I furthe ce of my duties, and I a upter 605, F.S. Or, if th irm that the limited lia	r agree to comply with the m familiar with and accept his document is being filed hility company has heen		
Signati	ire of Registered Agent					

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