## L17 0000 78410

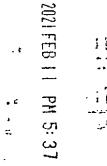
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— (Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(22	•···• <b>,</b> ···-	··- <b>,</b>
(100	cument Number)	
Certified Copies	_ Certificates	s of Status
Charial Instructions to	Eiting Officer	
Special Instructions to	riting Officer.	
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Office Use Only



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APR 0 1 2021 -

S. YOUNG

## **COVER LETTER**

10:	Registration Section Division of Corporations		
CHDI	Water Fifter Warehouse LLC		
SUBJ		Name of Limited I	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	e following:
Daniel	Kelleher		
-	Name of Person		
		·	<del></del>
	Firm/Company		
31101	Lithia Pinecrest Road		
	Address	<del></del>	
Valric	o, Florida 33596		
	City/State and Zip Coo	ie	
dan@1	hewaterfilterwarehouse.com		
	E-mail address: (to be used for future	annual report noti	fication)
For fu	rther information concerning this ma	tter, please call:	
Daniel	Kelleher	813 at (	965-5109
	Name of Person	··· (	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving 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.

2. <b>(a)</b>			(b)						
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing add			liability co	
	3140 Lithia Pinecrest Road		31	10 Lith	ia Pinecres			OI I ICE	<u>BO.Y</u> )
				<del></del>					
	Valrico, FL 33596	Valrico, FL 33596							
	04/07/2017		1.17	000078	3410				
3.	Date of filing/registration in Florida	4.			Docume	nt nun	nber		
5. (a)	Raquel Arias								
·. (u)	Registered Agent and Registered Office shown on the records o	t the Flo	rida Dep	ot, of Sta	— ite:				
	Raquel Arias								
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS)						
	3506 SAN MOISE PL								
	Plant City , F	L <sup>3356</sup>	7		<del></del>			20	
	Danieł Kelleher	-			<del></del>		ż	2021 FEB	:
(b)	Enter name of NEW Registered Agent and/or NEW Registere	4 066%	- addrae		_		· -	<del></del>	
	Tance name of State Registered Agent and of State Registere	u ()IIIC	addres	<u>s</u> .			e ·	<del></del>	
	Daniel Kellcher						• •	PH	• 1
	NEW Registered Office Address:				<del></del>		•	က ယ	
	3110 Lithia Pinecrest Road				_			~	
	Valrico . F	33596 L	,						
fiha l	imited liability company is not organized under the la		the Stat	to of FI	— lorida itid	o harak	ar oon f	Sewad th	on after th
hange	or changes are made, the Florida street address of th	e regis	tered of	ffice ar	nd the bus	iness c	office o	of the reg	istered
igent v vas/we	vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members	iability of the	compa limited	any, it i Hiabili	is hereby o	confire iv or a	med that is other	at the cha	ange(s) wided in
	cles of organization or the operating agreement of the	e limite	d liabi	lity cor	mpany.	-		•	, raca m
	187	_	Dari	el B	Printed or				
Signa	ture of a member or authorized representative of a member				Printed or	r typed i	name of	signee	
provisi he obl o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	ree to perfo ed for i hereby	act in t rmance n Chaj v confir	his cap e of my oter 60. rm that	pacity. I fi duties, an 5, F.S. Oi the limite	irther nd I am r, if thi rd Itabi	agree 1 famili is docu ility co	to compliar with ment is l mpany h	ly with the and accep being filed as been
/	<del>37}</del>								