## 117000115912

(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone #	)
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PICK-UP	■ WAIT	MAIL
	siness Entity Name	-
(DC)	isiness Entity Name,	1
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

K. SALY MAY 18 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: UNIMITED HEAlthy WATER L.C		
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:		
PHILIP RENO  Name of Person		
UNIMITED HEALTHY WINTER LICE		
1545 LAKEShORE DR. Address		
Mount Dora, Fl 32757 City/State and Zip Code		
Phill, preno 2000 YA Hoo-Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Phillip RENO at 407, 2728115		
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 \$\text{Certified Copy}\$		

## · 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. Na	ume of the limited liability company: Unlimited HENITHY WATER L.L.C
	1545 hakeshore De MT DORAFI (1) 1545 LAKESHORE OR MT DOKAFI
( )	Principal office address of limited liability company: 32757  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company: 32757  (Note: MAY BE POST OFFICE BOX)
	05-25-2017 L17000115912
3.	Date of filing/registration in Florida 4. Document number
5. (a)	UNITED STATES CORPORATIONS AGENTS, INC
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 WINDING OAK COOR   Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	13303 Winding OAK Court A
	TAMPA ,FL 33612 = 7
(b)	Phillip REND
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  1545 LAKEShore DR  8
	NEW Registered Office Address:
	Mouns DORA, FI
	70107
the cha agent v was/wo	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Sional	ture of a member or authorized representative of a member  PHILE DENO  Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.  When the confirm that the limited liability company has been are of Registered Agent.