118000009422

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



600414796056

09/05/23--01024--012 *+55.00

I IL L. SEP -5 PH I2: 59

COVER LETTER

~	ation Section n of Corporations	
SUBJECT:	5 mith Water Condinance of Lin	truning & Well Pump Service, LCC nited Liability Company
Dear Sir or Mac	dam:	
The enclosed Re	egistered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all	I correspondence concerning this matter	to the following:
Dusti	Name of Person	
Smith	Water Conditioning & Firm/Company	EWEII Pump Service, LCC
1183 L	ωρ Rd. Address	
Auburn	dale, FL 33823 City/State and Zip Code	
Smithwa E-mail add	der conditioning e yahur dress: (to be used for fidure annual repo	· wm rt notification)
For further info	rmation concerning this matter, please c	all:
Dustin	Name of Person at (_)	863) 510-8508 Area Code & Daytime Telephone Number
Registr Divisio P.O. Bo	g Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check for the following amount	:
□ \$25 I	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.

1. Name of the limited l	liability company: Smt	th Worler	Conditioning &	= well pun	io Servi	
2. (a) 1183 Loo			6) 1183 LOU		L\	
•	e address of limited liability con	, ,	-	lress of limited liability of the control of the co		
						
Auburndale, FL 33823			33823			
			*******		<u>0</u> 3	
02/07/2	1021 lling/registration in Florida		L1800000	9422		
3. Date of fi	ling/registration in Florida	4.	Documer	nt number		
5. (a) Rex W		1 64 61 1	L. Daniel a C.Communication			
	Registered Office shown on the	records of the Floric	la Dept. of State:			
1183 Ux Registered Office Ad		STREET ADDRES	<u></u>			
				2023 56.0 TAL1		
Auburn	dale	.FL 33	3823	≥ ⊘	<u></u>	
D	C*1. 1.1.			SSE -5		
(b) <u>JUSTIO</u> Enter name of <u>NEW I</u>	Registered Agent and/or NEW	Registered Office a	ddress:	PH 12: OF STA E. FLOR		
				≃≃ ഗ		
1183 U	eur Address	_ 	 	D# 9		
<u>NEW</u> Registered Off	ice Address.					
						
Auburn	dale	FL33	3823			
	npany is not organized und					
change or changes are ma agent will be identical. O	ide, the Florida street addre or, in the case of a Florida I	ess of the register imited liability o	ed office and the busi ompany, it is hereby c	ness office of the re confirmed that the cl	gistered nange(s)	
	n affirmative vote of the m n or the operating agreeme		liability company		ovided in	
Man /			Dustin	5mith		
o a constant of the constant o	thorized representative of a mem		r mited or	typed hanc or signed		
provisions of all statutes i	intment as registered agent relative to the proper and o ition as registered agent as e in the registered office ad change.	complete perform provided for in ldress, I hereby c	ance of my duties, and Chapter 605, F.S. Or, onfirm that the limited	d I am familiar with ; if this document is d liability company i	and accept being filed has been	
Signature of Registered Agent		deced	ised - death	certienc	wsed.	
Signature of Kegistered Agent						