

48000011777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

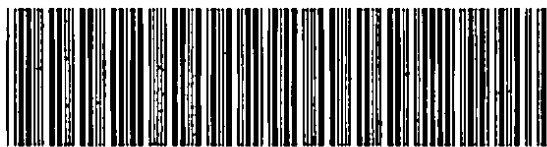
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000309283600

02/20/18--01028--025 **25.00

FILED
18 FEB 20 PM 3:19
TALAMON, J. C. B. C. A.

J. LEGGETT
FEB 20 2018

**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 liability company: AQUA RECOVERY LAB, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1930 N. MIAMI AVE.

MIAMI, FL 33136

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1930 N. MIAMI AVE.

MIAMI, FL 33136

1/12/2018

L18000011777

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

RIZZO M. EMILY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1931 N. MIAMI AVE.

MIAMI, FL 33132

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

EMILY M. RIZZO

NEW Registered Office Address:

1930 N. MIAMI AVE.

MIAMI, FL 33136

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

STEVEN J. POTURALSKI, AUTH. REP.

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00