118000 137621

| (Requestor's Name) |
|---|
| (Address) |
| (Äddress) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Emily Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



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D SCOTT
JUN 3 2019

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Waltary Cloth | TOSTMON UC ame of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to the following: |
| Will Waters Name of Person | |
| Wolfers Gdf Fashudan Firm/Company | UC |
| 5225 Hunt Club Blud # | 108 |
| Apop Kar F1 3270 City/State and Zip Code | 3 |
| E-mail address: (to be used for future as | nnual report notification) |
| For further information concerning this matter | er, please call: |
| Will Walters Name of Person | at (772) 919 2932 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 | ng 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.

| 1. Name of the limited liability company: Waters Golf Freshretion (CC) | | | | | | |
|--|---|---|---|---|--|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) QNOWLO F1 32810 | _ (b)5 <i>22</i> | Mailing address of limited (Note: MAY BE POST PLAF 52 | liability company: OFFICE BOX) | | |
| | | | | | | |
| | 6.4.18 | LI | 80001371 | 621 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | Wited Stages Corp Age | | | | | |
| | Registered Agent and Registered Office shown on the records of | · | . | | | |
| | 13302 Winding Oak | | ₽→ | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | <u>ADDRESS)</u> | | | | |
| | | | | · . | | |
| | <u>tampa</u> , FL | 33612 | | > | | |
| (b) | William Watters | | | ن دا نیا | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | | | | |
| | SOO SHOOT CUID END # 105 NEW Registered Office Address: | 8 | | | | |
| | Appra, FL | 3263 | | | | |
| the cha agent w was/we | mited liability company is not organized under the lavinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of these of organization or the operating agreement of the | the registered off ability company, i of the limited liabi limited liability c | ice and the business offit is hereby confirmed the lity company or as other ompany. | ice of the registered at the change(s) wise provided in | | |
| <u> </u> | | usill | Printed or typed name of | | | |
| _ | are of a member or authorized representative of a member | | | | | |
| the obli to mere | y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I is in writing of this change, | ree to act in this co performance of m d for in Chapter 6 hereby confirm the | spacity. I further agree by duties, and I am famil DS, F.S. Or, if this docu at the limited liability co | to comply with the iar with and accep iment is being filed impany has been | | |

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

Signature of Registered Agent