2300004594

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.000.10

• •



NUMERAL CONTRACTOR

, iZUZF **ا** 7 : 0:25

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

.

•

FRESHWATER FAMILY HOLDINGS, LLC

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:

Avri Ben-Hamo, Esq.

Name of Person

Ben-Hamo Law, PLLC

Firm/Company

6001 Broken Sound Parkway NW, Suite 416

Address

Boca Raton, FL 33487

City/State and Zip Code

katie@freshwaterelectric.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avri Ben-Hamo		561 at (372-9091
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & 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.

N	ame of the limited liability company:		
(a)			(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	15135 75TH LANE NORTH		15135 75TH LANE NORTH
	LOXAHATCHEE, FL 33470		LOXAHATCHEE, FL 33470
	01/25/2023		L23000045941
•	Date of filing/registration in Florida	4.	Document number
(a)	Ben-Hamo Law, PLLC		
	Registered Agent and Registered Office shown on the records		
	Registered Office Address (MUST BE FLORIDA STREE 2701 NW 2nd Ave., Suite 207	TADDRE.	
(b)	Registered Office Address (MUST BE FLORIDA STREE 2701 NW 2nd Ave., Suite 207	T ADDRE.	
(b)	Registered Office Address (MUST BE FLORIDA STREE 2701 NW 2nd Ave., Suite 207 Boca Raton	<i>T ADDRE</i> . FL	<u>23</u>
(b)	Registered Office Address (MUST BE FLORIDA STREE 2701 NW 2nd Ave., Suite 207 Boca Raton , BEN-HAMO LAW. PLLC	<i>T ADDRE</i> . FL	<u>23</u>
(b)	Registered Office Address (MUST BE FLORIDA STREE 2701 NW 2nd Ave., Suite 207 Boca Raton , BEN-HAMO LAW. PLLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<i>T ADDRE</i> . FL	<u>23</u>

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.

(atten Frederictar

Katherine Freshwater

Signature of a member or authorized representative of a member

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.

sil S. Signature of Registered Agent

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