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To:

From:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future finual report mailings. Enter only one email address please.**

Email Address:_____

LLC REGISTERED AGENT CHANGE AQUATIC CLEAR SOLUTIONS, LLC

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K. SALY

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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.

L Na	ame of the limited liability company: AQUATIC CLE	AR SOLUTION	S, LLC
2. (a)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of finited hability company: \(\langle \frac{Note: MAY BE POST OFFICE BOX} \)
	05/04/2023		00222239
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Liberty Business Group, Inc.		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Ortice Address (MUST BE FLORIDA STREET ADDRESS) 3458 LAKESHORE DRIVE		
	TALLAHASSEE . I	L_32312	TALLAHASSEC/FLORING
	NORTHWEST REGISTERED AGENT LLC		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	7 2
	7901 4TH ST N		# 2:46 ECFLORIU
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG	33702	
change agent v was/wa	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered off iability compan of the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
13/	ture of a member of authorized representative of a member	Nat Smith	
			Printed or typed name of signee
provisi the obl to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	wee to act in thi e performance i ed for in Chapti Thereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
	Taylor Newman		
Signatu	irefof Registered Agent		