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H210000582273ABC.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397

Phone

Fax Number : (800)567-4398

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

ksaldana@urscompliance.com Email Address:

LLC REGISTERED AGENT CHANGE RTS WATER SOLUTIONS, LLC

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COVER LETTER

	egistration Section Division of Corporations						
SUBJEC	RTS WATER SOLUTIONS, LLC						
Name of Limited Liability Company							
Dear Sir o	or Madam:						
The enclo	osed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
EDWAF	RD F. RESTELLI, III						
	Name of Person	·	_				
RTS W	ATER SOLUTIONS, LLC						
	Firm/Company		_				
750 MD	ROUTE 3 SOUTH STE 19						
	Address		_				
GAMBR	RILLS, MD 21054						
	City/State and Zip Code		_				
	a@urscompliance.com						
E-m	ail address: (to be used for future ann	ual report notif	ication)				
For further	er information concerning this matter,	please call:					
URS Ag	ents c/o Kanetha Bishop	800 at (567-4397				
	Name of Person		Area Code & Daytime Telephone Number				
R D C 20	TREET/COURIER ADDRESS: egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327. Tallahassee, Florida 32314					
E	Enclosed is a check for the following amount:						
12	\$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				
INHS18 (2	/14)						

(((H21000058227 3)))

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.

ı. N	lame of the limited liability company: RTS WATER	SOLI	JTIONS, LL	C
2. (a)			(b)	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9240 NW 63RD ST STE 6		9240 NW	63RD ST STE 6
	PARKVILLE, MO 64152	_	PARKVIL	LE, MO 64152
			M0400000	01250
3.	Date of filing/registration in Florida	 4.		Document number
5. (a	· •			
J. (a	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:	
	COGENCY GLOBAL INC.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>55)</u>	
	115 NORTH CALHOUN STREET STE 4			
	TALLAHASSEE	3230	1	THE
	, • •	<i></i>		25 = T
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :	10. 2. C.
	URS AGENTS, LLC			FLORIDA
	NEW Registered Office Address:			•
	3458 LAKESHORE DRIVE	·	·	
	TALLAHASSEE , FL	3231	2	
t & ale a	(in in a linkilia.		a State of Flor	aide it is hereby confirmed that after
the ch	limited liability company is not organized under the lar ange or changes are made, the Florida street address of	f the reg	istered office	and the business office of the registered
agent was/w	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of	lability (of the li	company, it is mited liability	company or as otherwise provided in
the ar	ticles of organization or the operating agreement of the	limited	liability comp	pany.
<u>(e)</u>	want F. Fretati 111	E	dward F. Re	Stelli, III Printed or typed name of signee
	ature of a member or authorized representative of a member	- 04 (0 0		
provis the ob to niet	eby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	perfori d for in hereby	nance of my d Chapter 605, confirm that th	uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
<u> </u>	Kønethe Bishop, Asst. Secretary			
Signat	ure of Registered Agent			