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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WATER SAVERS OF MARYLAND LLC

Certificate of Status Certified Copy Page Count Estimated Charge

0 03 \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	WATER SAVERS OF MARYLAN	DLLC	
3000		ne of Limited Liability Company	The section (Add To the section of t
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered Of	ice Change and fee(s) are submitted for fili	ng.
Please	return all correspondence concerning t	is matter to the following:	
Franci	s Wheeler		
	Name of Person	* .	
Water	Savers, LLC		
	Firm/Company		
750 M	D Route 3 South, Ste. 19		
	Address		
Gambi	rills, MD 21054		
	City/State and Zip Code		्रेट् <mark>रे</mark> ज
jlozup	one@lr-inc.com		SA T
T	-mail address: (to be used for future an	ual report notification)	
For fu	rther information concerning this matter	please call:	illo market
		at ()	
	Name of Person	Area Code & Daytime Te	lephone Number 5
	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 Tailahassee, Florida 32314	
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Co	ру
INHS1	8 (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.

c. (a)	750 MD ROUTE 3 SOUTH		(b) 750 MD ROUTE 3 SOUTH			
•	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 19		SUITE 19)		
	GAMBRILLS, MD 21054		GAMBRI	LLS, MD 21054		
	05/19/2010		M1000000	2301		
	Date of filing/registration in Florida	4.		Document number		
(a)	CORPORATION SERVICE COMPANY					
(b) _	Registered Agent and Registered Office shown on the records of the Florida Dept, of State;					
				-95% - 		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			–		
	1201 HAYS STREET			福省 T		
	TALLANASSEE	32301-2	2525			
	, FL			- 第章 · m		
	C T Corporation System					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			__		
				· · · · · · · · · · · · · · · · · · ·		
	NEW Registered Office Address:					
	1200 South Pine Island Road		····	_		
	Plantation , FL	33324		_		
ic cha gent w as/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited his re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registed in the control of the limited lim	stered offic impany, it i ited liabilit iability con	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in npany.		
	I When	Fran	cis Wheeler			
	ure of a member or authorized representative of a member			Printed or typed name of signes		
hereb rovisio e obli mere	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide fy reflect a change in the registered office address, I i In writing of this change. poration System	ee to act perform d for in (hereby co	in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the dutles, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been		
olifiea T Cor y: //	noration System					

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