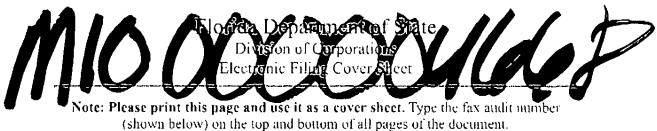
4/10/23, 4:17 PM

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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## LLC REGISTERED AGENT CHANGE HYDROMAX USA LLC

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APR 1 SIBULS

T. LEMIEUX

## 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. Na	ame of the limited liability company: HYDROMAX I	JSA LLO					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				npany:
	3700 River Walk Dr. Suite 145		3700 Rive	r Walk Dr. Suite 14	5		
	Flower Mound, TX 75028		Flower Mound, TX 75028				
	10/20/2010		M10000004	.668			
3.	Date of filing/registration in Florida	- 4.		Document numb	er		<del></del>
()							
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Stat	_ ៥:			
	Smith, Jon		·				
	Registered Office Address (MUST BE FLORIDA STREET			-			
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION			-			
	PLANTATION	L		-			
(1-)							
(b)	Enter name of NEW Registered Agent and/or NEW Registerer	d Office :	iddress:				
				*	٦	20	
	C T Corporation System				-	2023 FTR 1 1	
	NEW Registered Office Address:			•		7	
	1200 South Pine Island Road				· • .	_	<u></u>
				-	• •	7	~. =:
	Plantation , FI	33324			<u>.</u>	بب	
ie chai gent w /as/we	mited liability company is not organized under the lange or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited to re authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the reg ability of of the li limited	gistered office company, it is mited liability I liability com	e and the business s hereby confirme y company or as c	office of that the	of the r	egistered
	The state of the s	Mi	chael Farmer				
-	ure of a member of authorized representative of a member		_	Printed or typed nan	-		
rovisie he obli o mere otified	ry accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.  ———————————————————————————————————	ree to a perform d for in hereby	ct in this cape nance of my e Chapter 605 confirm that i	acity. I further ag duties, and I am f , F.S. Or, if this a the limited liabilit	pee to c imiliar locumei ty compo	comply with an nt is be any ha	with the id accept ing filed s been
y: Signatur	e of Registered Agent						