M12000005332

(Re	questor's Name)				
•	,				
(Address)					
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(Cit	ty/State/Zip/Phone #	f)			
PICK-UP	☐ WAIT	MAIL			
		,			
(Business Entity Name)					
(Document Number)					
,	·				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

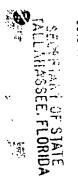
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FILED

180R 3/9/15

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corpor					
SUBJECT: SmartWate	r CSI, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered A	gent/Registered Office Cha	nange and fee(s) are submitted for filing.			
Please return all correspond	dence concerning this matte	tter to the following:			
Mary Camacho					
- <u></u>					
IN 8	me of Person				
SmartWater CSI, LLC					
Fir	m/Company				
500 W Cypress Creek	Rd, Suite 560				
,	Address				
Ft. Lauderdale , FL 33	309				
City/S	tate and Zip Code				
marycamacho@smart	watercsi.com				
E-mail address: (to be	used for future annual rep	eport notification)			
For further information cor	ncerning this matter, please	se call:			
Antonio Arserio	at (954 320-7290			
Name of P		Area Code & Daytime Telephone Number			
STREET/COURI	ER ADDRESS:	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corpor	ations	Division of Corporations			
Clifton Building	Ci1-	P.O. Box 6327			
2661 Executive Ce Tallahassee, Florid		Tallahassee, Florida 32314			
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.

1. Na	me of the limited liability company:	CSI, LLC			
2. (a)	500 W Cypress Creek Rd, Suite 560	_(b) 500 W C	(b) 500 W Cypress Creek Rd, Suite 560		
(··) <u>-</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Ft. Lauderdale, FL 33309	Ft. Laud	erdale		
	02/27/2015	M120000	05332		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Logan Pierson		***		
	Registered Agent and Registered Office shown on the records of 700 S Ocean Blvd	of the Florida Dept. of State	2015 MAR		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	-5		
	Boca Raton , I	_{FL} 33432	-m ⁻⁷¹ - ≭		
(b)	Leland Liebe		4: 06 STATE LORIDA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	-		
	SmartWater CSI, LLC				
	NEW Registered Office Address:		•		
	500 W Cypress Creek Rd, Suite 560		<u>.</u>		
	Ft. Lauderdale	_{-L} 33309			
the char agent w was/we the artic	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members cless of organization on the operating agreement of the ure of a member or authorized representative of a member on accept the appointment as registered agent and a conso of all statutes relative to the proper and completing tions of my position as registered agent as providing reflect to change in the registered office address. It in writing of this change	of the registered office liability company, it is s of the limited liability he limited liability com Leland Liebe	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee		