

M 13 06 0002980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

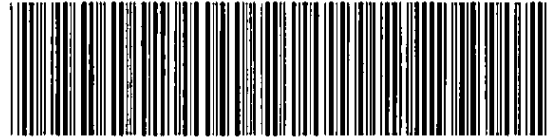
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT -6 PM 4:15
TALLAHASSEE, FL
STATE

[Handwritten signature]

W Y C H E

Attorneys at Law

October 2, 2023

Via USPS Mail
Certified

Florida Department of State
Division of Corporations
Attn: Ms. Tammi Cline
P.O. Box 6327
Tallahassee, Florida 32314

RE: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company - ClearWater Solutions, LLC.

Dear Ms. Cline:

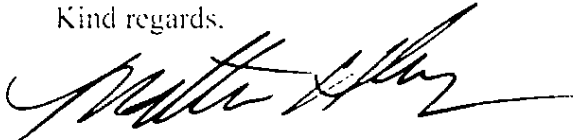
Thank you very much for the letter and notice of missing documents. Enclosed please find the original check that was returned to our office with your letter dated September 26, 2023.

The attached documents are a scan of all initial documents mailed to the Florida Secretary of State via FedEx on September 20, 2023, and delivered September 22, 2023, including a signed proof of delivery from FedEx, mailing label, and initial statement. I am unsure how the check was separated from the original documents.

I request that your office will continue to process my submission in a timely manner in answer to your missing document notice.

Thank you for your time and assistance with this matter. Please contact our offices with any questions.

Kind regards,



Matthew Hardaway, CP.
Corporate Paralegal

Enclosure(s).

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TALLAHASSEE, FL

W Y C H E
PROFESSIONAL ASSOCIATION

PO Box 728, Greenville, SC 29602-0728
p: 864.242.8200 | f: 864.235.8900
www.wyche.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2023

WYCHE PROFESSIONAL ASSOCIATION
POST OFFICE BOX 728
GREENVILLE, SC 29602-0728

SUBJECT: CLEARWATER SOLUTIONS, LLC
Ref. Number: M13000002980

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 323A00022254

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2023 OCT -6 PM 4:16

MAIL ROOM
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ClearWater Solutions LLC
Name of Corporation

DOCUMENT NUMBER: M13000002980

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Matthew Hardaway, CP.

Name of Contact Person

Wyche, P.A.

Firm/Company

200 East Broad Street, Suite 400

Address

Greenville, SC 29601

City/State and Zip Code

jonathan.blaha@clearwatersol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Hardaway, CP.

Name of Contact Person

at (864)

242-8234

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR20045 (04/11)

DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 OCT -6 PM 4:16

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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.

- | | |
|---|--|
| 1. Name of the limited liability company: <u>ClearWater Solutions LLC</u> | |
| 2. (a) <u>2178 Moores Mill Road</u> | (b) <u>2178 Moores Mill Road</u> |
| Principal office address of limited liability company:
<i>(Note: MUST BE STREET ADDRESS)</i> | Mailing address of limited liability company:
<i>(Note: MAY BE POST OFFICE BOX)</i> |
| <u>Auburn, Alabama 36830</u> | <u>Auburn, Alabama 36830</u> |
| <u>MI3000002980</u> | |
| 3. <u>Date of filing/registration in Florida</u> | 4. <u>Document number</u> |
| 5. (a) <u>NRAI Services Inc.</u> | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| <u>NRAI Services Inc.</u> | |
| Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> | |
| <u>1200 South Pine Island Road</u> | |
| <u>Plantation</u> , <u>FL 33324</u> | |
| (b) <u>CT Corporation System</u> | |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | |
| <u>CT Corporation System</u> | |
| <u>NEW Registered Office Address:</u> | |
| <u>1200 South Pine Island Road</u> | |
| <u>Plantation</u> , <u>FL 33324</u> | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jonathan Blaha, CFO

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Theresa Buck C T Corporation System, Theresa Buck, Assistant Secretary
Signature of Registered Agent

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