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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

Rmail	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE ORIGINAL BROOKLYN WATER BOTTLING, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

State: The Original Brooklyn Water Bottling, LL	ic .		
Enter new principal office address, if applicable:	1615 S. Congress Ave., Suite 103		
(Principal office address	Delray Beach, Fi.		
MUST BE A STREET ADDRESS)	33445		
Enter new mailing address, if applicable:	1615 S. Congress Ave., Suite 103		
(Malling address MAY BE A POST OFFICE BOX)	Delray Beach, FL		
	33445		
2. The Florida document number of this limited lin	ability company is: M14000005360		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 07/2	28/2014		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company:(mus	st contain "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")		
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:		
Name of New Registered Agent:			
New Registered Office Address:	Party Photos Proceeds		
-	City , Florida Zip Code		
the provisions of all statutes relative to the proper and accept the obligations of my position as regis.	nt and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this t in the registered office address. I hereby confirm that the limited		

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
[it]e/ Capacity	Name	Address	Type of Action				
MGR	Casmine Capobianco	1450 S.W. 10th Street, Bldg. B, Ste 2,	□Add				
		Delray Beach, FL 33444	■Remov				
MGR	Dan Smith	1615 S. Congress Ave., Suite 103	BAdd				
		Delray Beach, FL 33445	🗀 Remov				
MGR	Robert S. Green	2851 John Street, Suite I					
		Markham, Ontario L3R 5R7	=Remov				
			🗀 Add				
			CRemon				
aforementic	a certificate, if required: no spen aned amendment(s), duly authent under the law of which this enti-	a than 90 days old, evidencing the having custody of records in the type of the authorized representative	□Remo				