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(Requestor's Name)							
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(Business Entity Name)							
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COVER LETTER

	stration Section sion of Corporations							
SUBJECT:	Edgewater Resources, LLC							
302/11.011	Name of Limited Liability Company							
Dear Sir or M	∕ladam;							
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.					
Please return	all correspondence concerning this	s matter to the fo	llowing:					
Ronald Schul	ts, PE							
	Name of Person		-					
Edgewater Re	esources, LLC							
	Firm/Company		_					
2001 North F	ederal Highway, Ste G204							
	Address		-					
Pompano Bea	ich, FL 33062							
	City/State and Zip Code		-					
rschults@edg	ewaterresources.com							
E-mail	address: (to be used for future annu	ial report notifica	ation)					
For further in	nformation concerning this matter.	please call:						
Ellen Skeele		954	546-0243					
	Name of Person	\	Area Code & Daytime Telephone Number					
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Encl	osed is a check for the following	amount:						
■ \$3	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	ame of the limited liability company: Edgewater Reso	<u> </u>				_ .		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Ma (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	518 Broad Street, Suite 200 518 Broad				treet, Suitc 200			
	St. Joseph, MI 49085			St. Joseph, MI 49085				
	7/27/2015		3	и1500000916	60			
3.	Date of filing/registration in Florida	— 4.	_	D	ocument number	•		
5. (a)	Schults, Ron							
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	rida l	Dept. of State:				
	2075 N. Powerline Road, Suite 4, Pompano Beach, FL 3	3069						
	Registered Office Address (MUST BE FLORIDA STREET			(4.	2			
	2075 N. Powerline Road, Suite 4					2	2020 AUG 2	Common of the Co
	Pompano Beach F	L_33069	069					
(b)	Schults, Ron					TARY OF AHASSE	21 PH	m
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:		STATE E.FL	<i>\infty</i>	
	Schuits, Ron			37				
	NEW Registered Office Address:							
	2001 North Federal Highway, Ste G204							
	Pompano Beach	33062 L	!					
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the choruting agreement of the	e registe iability of the I c limite	erec con imit d lia	office and to pany, it is he ed liability o	he business offic ereby confirmed company or as off any.	e of the that the	registe change	red e(s)
Signa	pre of a member of a member	_	OHA		rinted or typed name	of signee		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I im writing of this change.	e perfor ed for ir	mar 1 Cl	n this capaci ace of my dui apter 605, F	ity. I further agre ties, and I am fan S. Or, if this do	ee to con niliar wi cument	nply w th and is bein	accept g filed

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