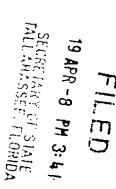
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COVER LETTER

Registration Section

TO:

Division of	Corporations				
SUS.	SUSTAINABLE WATER INVESTMENT GROUP, LLC				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Madam:	:				
The enclosed Regis	tered Agent/Registered Off	fice Change and fe	ee(s) are submitted for filing.		
Please return all cor	respondence concerning th	is matter to the fo	ollowing:		
	ı				
WAYNE FLOW	ERS, ESQ.				
	Name of Person		-		
LEWIS, LONGM	IAN & WALKER, P.A.				
	Firm/Company		_		
245 RIVERSIDE	 E AVENUE, SUITE 150)			
	Address		_		
JACKSONVILLE	E, FL 32202		·		
	City/State and Zip Code		-		
wflowers@llw-la	w.com				
E-mail address	s: (to be used for future and	nual report notifica	ation)		
For further informat	tion concerning this matter	, please call:			
WAYNE FLOWE	ERS	904 at (353-6410		
Nai	ne of Person		Area Code & Daytime Telephone Numbe		
STREET/C	OURIER ADDRESS:	MAI	ILING ADDRESS:		
Registration			Registration Section		
	Corporations		Division of Corporations		
Clifton Buil			P.O. Box 6327		
	tive Center Circle				
Tallahassee	. Florida 32301				
Enclosed is a check for the following amount:					
☑ \$25 Filin	ng Fee	\$55	Filing Fee & Certified Copy		
INHS18 (2/14)					

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:	LE WATER INVI	ESTMENT GROUP, LLC		
2. (a)	1421 34TH AVENUE	(b)	(b) 1421 34TH AVENUE		
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 301E	SUITE	301E		
	SEATTLE, WA 98122	SEATT	LE, WA 98122		
	1/4/2018	M18000	000122		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CHRIS HAŅD, ESQ.				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ite:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	-		
	1000 RIVERSIDE AVENUE, SUITE 307		T ₁ (a)		
	JACKSONVILLE , FI	32204	19 AP R		
(b)	WAYNE FLOWERS, ESQ.		R-8		
(-)	Enter name of NEW Registered Agent and/or NEW Registered	i Office address:			
	LEWIS, LOŅGMAN & WALKER, P.A.		D STATE LORID		
	NEW Registered Office Address:				
	245 RIVERSIDE AVENUE, SUITE 150		_		
	JACKSONVILLE	32202			
If shall	imited liability company is not organized under the la	us of the State of F			
the cha	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	f the registered offic	ce and the business office of the registered		
was/w	ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	of the limited liabili	ty company or as otherwise provided in		
	cies of organization of the operating agreement of the		ERKELBACH		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provis the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	ree to act in this cap performance of my ed for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
Signati	James I Morrison				