

M21000013687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

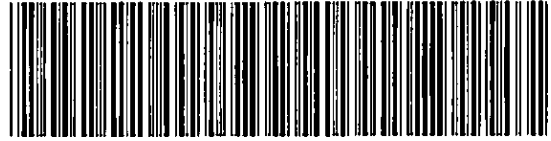
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A. CUTLER

DEC 29 2022

A. CUTLER

ALLAHASSEE, FLOR.

2022 DEC 28 PM 3:37

RECEIVED

2022 DEC 28 PM 1:31

FBI

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 294618 8026784

AUTHORIZATION *Eylien Baker*

COST LIMIT : \$ 25.00

ORDER DATE : December 28, 2022

ORDER TIME : 2:16 PM

ORDER NO. : 294618-005

CUSTOMER NO: 8026784

CHANGE OF AGENT

NAME: HYDRO-KLEAN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hydro-Klean, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Lomp

Name of Person

Hydro-Klean, LLC

Firm/Company

333 NW 49th Place

Address

Des Moines, IA 50313

City/State and Zip Code

jlomp@hksolutionsgroup.com

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

For further information concerning this matter, please call:

Jill Lomp

515

283-0500

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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. Name of the limited liability company: Hydro-Klean, LLC

2. (a) Hydro-Klean, LLC (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

333 NW 49th Place

Des Moines, IA 50313

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

October 18, 2021

M21000013687

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Cogency Global Inc.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

115 North Calhoun St. Suite 4

Tallahassee, FL 32301

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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

Rob Sherwood

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.

Signature of Registered Agent

Assistant Vice President

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