N01000001587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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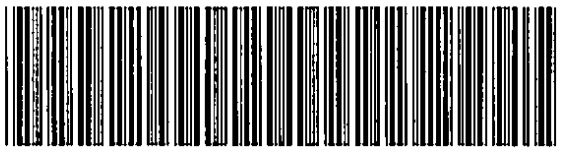

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2022 APR 25 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
JUN 14 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Association for Water Quality Control
Name of Corporation

DOCUMENT NUMBER: N01000001887

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:

Jonathan E. Hull, Treasurer
Name of Contact Person

Florida Association for Water Quality Control
Firm/Company

PO Box 89517
Address

Tampa, Florida 33689
City/State and Zip Code

info@fawqc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Hull at (813) 777-1041
Name of Contact Person — 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

CR2E045 (04/13)

*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *1 in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Florida Association for Water Quality Control

2. The principal office address: PO Box 89517, Tampa, Florida 33689

3. The mailing address (if different):

4. Date of incorporation/qualification: 03/16/2001 Document number: N01000001887

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

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TALLAHASSEE, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jonathan E. Hull

Signature of an officer or director

Jonathan E. Hull, Treasurer

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By: Christine Kelm

Signature of Registered Agent

04/11/2022

Date

If signing on behalf of an entity:

Christine Kelm, Assistant Secretary

Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)