

Division of Corporations

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N114000009205

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6380

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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

RA/ROK/CH

**REGISTERED AGENT CHANGE
AQUA 4 NICARAGUA INC.**

APR 27 2016

I ALBRITTON

ATTN: Irene
Albritton

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COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: AQUA 4 NICARAGUA INC.

Name of Corporation

DOCUMENT NUMBER: NI4000009205

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:

Jennifer Tasevoli

Name of Contact Person

CT Corporation

Firm/Company

900 Merchants Concourse Ste 405

Address

Westbury, NY 11590

City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Tusevoli

888 579-0286

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2ED45 (03/12)



April 21, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AQUA 4 NICARAGUA INC.
521 MANDALAY AVE
#1210
CLEARWATER, FL 33767

SUBJECT: AQUA 4 NICARAGUA INC.
REF: N14000009205

RE-SUBMIT
Please retain original filing
date of submission 4/20

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to list the principal/mailing address in part 2 and 3 of the form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H16000098272
Letter Number: 516A00008239

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AQUA 4 NICARAGUA INC.
2. The principal office address: 521 MANDALAY AVE #1210 CLEARWATER, FL 33767
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/02/2014 Document number: NI4000009205
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)

John A. Williams

7408 Van Dyke Road

Odessa, FL 33556

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

C T Corporation System

c/o 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.

[Signature]
Signature of an officer or director

John A. Williams

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.

By: C T Corporation System
[Signature]
Signature of Registered Agent

4/20/16

Date

If signing on behalf of an entity:

Karen Fugelsang Asst. 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
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