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CT Corporation System

ACME Water Supply & Management Company () Profit () Amendment () Merger () Nonprofit () Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Other () Annual Report (X) Change of RA ()LLC () Name Registration () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () Call When Ready () After 4:30 () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 12/14/2004 Order#: 6244755 Availability _____ Document AAM Examiner _____ Ref#: Updater ____ Verifier____ W.P. Verifier_ Amount: \$

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

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

		,	617.0302, 607.1308, or 617.13 tion organized under the laws o	•
Florida	_		tered office or registered agent,	
of Florida.				
1. The name o	f the corporation	: ACME Water Supply	y & Management Company	
2. The princip	al office address	1900 Kings Ridge Bl	vd. Clermont FL 34711	75.8
3. The mailing	g address (if diffe	erent): 700 NW 107th	Avenue, Miami, FL 33172	DEC 15 P
4. Date of inco	orporation/qualif	ication: 03/11/2002	Document number:	P02000026990 ::
	nd street address partment of State	-	ered agent and registered office	on file with the
		Benjamin P. I	Butterfield, Esq.	
		700 NW 1	07th Avenue	,
•		Miami,	FL 33172	~ .
6. The name : changed):	and street addre	ss of the new regist	ered agent (if changed) and /or	r registered office (if
		C T Corpor	ation System	····
		c/o C T Corp	oration System	
	10.	· -	nailbox NOT acceptable)	
	120	JO South Pine Island Ros	ad, Plantation, Florida 33324	
_	_		treet address of the business of	
Such change vauthorized by	was authorized be the board, or the		opted by its board of directors on notified in writing of the cha	
(Signature of an office	cer, chairman or vice ch	√	(Printed or typed name and t	elio, VP
I further agree performance o registered age office address	e to comply with of my duties, and ent. Or, if this d	the provisions of all I am familiar with ocument is being file m that the corporati	nt and agree to act in this capa l statutes relative to the proper and accept the obligation of my ed merely to reflect a change in ion has been notified in writing	and complete y position as the registered
Ву:				
	(Signature of Registere	-	(Date)	
If signing on beh	nalf of an entity:	CONNIE BRYAN SPECIAL ASSISTA	NT SECRETARY	····
	(Typed or Printed Nam	e)	(Capacity)	

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

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