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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

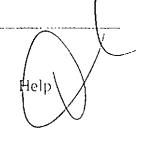
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REGISTERED AGENT CHANGE U.S. WATER SERVICES CORPORATION

Certificate of Status	0
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Page Count	01
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of	Florida	
	the corporation: U.S. Water Services C		1 10 au.	
	office address: 4939 Cross Bayou Blvo			
3. The mailing a	iddress (if different): 4939 Cross Bayo	ou Blvd New Port Richey Florida 34652		
4. Date of incon	poration/qualification: 04/28/23	Document number: P030000	047833	
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file wigned)	with the	
	DEREMER, GARY A			
	4939 CROSS BAYOU BOULEVARD		_	
	NEW PORT RICHEY, FL 34652			
6. The name and (if changed):	ū	agent (if changed) and /or registered of	2024 NOV -	
	Northwest Registered Agent LLC		- 	784 784
	7901 4th St N STE 300	D NOT II	+ SSSA 	7
	St. Petersburg FL 33702	Box NOT acceptable	AH 10: Ur SEE. F	C
The street addre	ess of its registered office and the str be identical.	rect address of the business office of i		gent,
Such change wa	is authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	n officer so	
HURY	DEREMER	GARY DEREMER - CEO		
	e of an officer or director	Printed or typed name and I	itie	
l further agree t of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this char	statutes relative to the proper and cor obligation of my position as registere of the registered office address. There	mplete performed agent. Or, if by confirm that	ance Othis Othe
77 N-		11/4/2024		
Sigi	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
Taylor Newman				
Ту	sped 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)