

P070000032833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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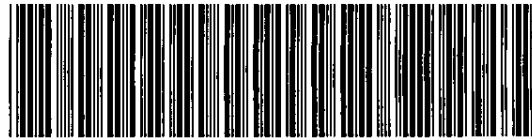
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R. H. Chg
10/19/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pro Water Systems of Collier Inc.
Name of Corporation

DOCUMENT NUMBER: P07000032833

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:

Joshua Haering
Name of Contact Person

Pro Water Systems of Collier Inc.
Firm/Company

435 23RD St NW
Address

Naples, FL 34120
City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Haering at (239) 398-7651
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2011

JOSHUA HAERING
PRO WATER SYSTEMS OF COLLIER, INC.
435 23RD ST NW
NAPLES, FL 34120

SUBJECT: PRO WATER SYSTEMS OF COLLIER, INC.
Ref. Number: P07000032833

We have received your document for PRO WATER SYSTEMS OF COLLIER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CAN NAME ONLY 1(ONE) REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 211A00028862

RECEIVED

12 JAN -9 AM 8:13

TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Pro Water Systems of Collier Inc.
2. The principal office address: 435 23RD St. NW Naples, FL 34120
3. The mailing address (if different): P.O. Box 9054 Naples, FL 34101
4. Date of incorporation/qualification: 3/14/07 Document number: P07000032833
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)

Aubrey L. Hacking
435 23RD St. NW
Naples, FL 34120


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

Joshua Hacking
435 23RD St. NW
P.O. Box NOT acceptable
Naples, FL 34120

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -9 AM 9:35

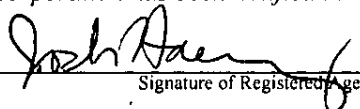
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Aubrey Hacking - President
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.


Signature of Registered Agent

1/6/12
Date

If signing on behalf of an entity:

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 (8/05)