P09000045220

(F	Requestor's Name)			
	Address)			
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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TALLAHASSEF OF STATE

R.A.

B JAN 20 2010

COVER LETTER

The enclo	Name of PO	Corporation
The enclo	IENT NUMBER: PO	·
The enclo	-	0000045220
	osed Statement of Change of Registered Off	9000045220
Please ret	ased Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
	turn all correspondence concerning this matt	ter to the following:
	BARRY	NADLER
	Name of C	ontact Person
	LIQUIPO	OWER, INC
	Firm/0	Company
	10833 97	TH STREET
	Ac	dress
	LARGO,	FL 33773 and Zip Code
	21.57.2•	and sip soul
	bnadler@tan	npabay.rr.com future annual report notification)
	D-man address. (to be used for	ruture annuar report notification)
For furthe	er information concerning this matter, please	e call:
	BARRY NADLER	at (727) 687-3920
	Name of Contact Person	at (727) 687-3920 Area Code & Daytime Telephone Number
Enclosed	is a \$35.00 check made payable to the Depa	artment 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of I	FLORID		-
	the corporation: LIQUIPOWER, INC.	riorida.		
	office address: 10833 97TH STREET			
- · · · · · · · · · · · · · · · · · · ·	LARGO, FL 33773			
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: 5/22/2009 Document number:	P0900004	45220)
	d street address of the current registered agent and registered office on file wrtment of State: (If resigned, enter resigned)	rith the		
	NRAI SERVICES, INC	_		
	2731 EXECUTIVE PARK DRIVE, SUITE 4	TAT SE	201	
	WESTON, FL 33331	CRETA	2010 JAN 14	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	ARY OF S	H AH	П
	BARRY NADLER	LORI	s ö	(J
	10833 97TH STREET	- P ^m	9	
	P.O. Box NOT acceptable LARGO, FL 33773	_		
The street address changed will	ess of its registered office and the street address of the business office of ibe identical.	its registere	d agen	ıt,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	n officer so	J	
Bay Signay	BARRY NADLER, PRESIDENT Signature of an officer or director BARRY NADLER, PRESIDENT Printed or typed name and title			
I hereby accept I further agree of my duties, an document is ber corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and co. ad I am familiar with and accept the obligation of my position as register ing filed merely to reflect a change in the registered office address, I here s been notified in writing of this change.	mplete perj ed agent. (eby confirm	forman Or, if th that th	ice his he
fa	11/23/2009)		
Γ	nature of Registered Agent Date			_
It signing on be	chalf of an entity:			
Т	yped or Printed Name			

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

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