

02/18/2022  
2/18/22, 2:42 PM

14:50 Blalock Walters

Division of Corporations

(FAX) 9417452093

P.001/003

P100000100255

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000065234 3)))



H220000652343ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

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

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
AQUAMIZER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

2022 FEB 18 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 FEB 18 PM 3:33

SILAS

Electronic Filing Menu

Corporate Filing Menu

Help

(( (H 27000065-239 3)))

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AQUAMIZER, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000100255

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:

Eileen Pennington

Name of Contact Person

Blalock Walters, P.A.

Firm/Company

802 11th Street West

Address

Bradenton, FL 34205

City/State and Zip Code

[cpennington@blalockwalters.com](mailto:cpennington@blalockwalters.com)

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

For further information concerning this matter, please call:

Eileen Pennington

Name of Contact Person

AT (941

) 748-0100

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



CCC # 220 000 65234 3))

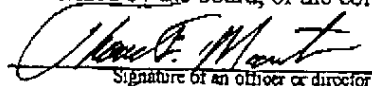
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

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: AQUAMIZER, INC.
2. The principal office address: 6582 PALMER PARK CIRCLE, SARASOTA, FL 34238
3. The mailing address (if different): 6580 PALMER PARK CIRCLE, SARASOTA, FL 34238
4. Date of incorporation/qualification: 12/13/2010 Document number: P10000100255
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)  
CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205  
P.O. Box NOT acceptable

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

THOMAS MASTERSON, 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

2/18/22

Date

If signing on behalf of an entity:

MATTHEW J. LAPOINTE, PRINCIPAL

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 (04/13)