

P17000001413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

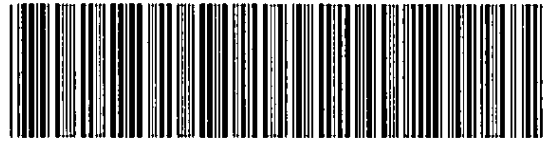
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 10 2019  
C Kinsey

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

Green Water Solution, Inc.

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

P17000001413

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Koos Baas

\_\_\_\_\_  
Name of Contact Person

Green Water Solution, Inc.

\_\_\_\_\_  
Firm/Company

1119 Lake Breeze Dr

\_\_\_\_\_  
Address

Wellington, FL 33414

\_\_\_\_\_  
City/State and Zip Code

~~kbaas@greenwatersolution.com~~

kbaas@aquacare.nl

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

For further information concerning this matter, please call:

Koos Baas

561 793 6320

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
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

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: Green Water Solution, Inc.
2. The principal office address: 1119 Lake Breeze Drive; Wellington, FL 33414
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: January 4, 2017 Document number: P17000001413
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)

Resigned Frank Jochem  
11924 Forest Hill Blvd BA  
Wellington, FL 33414

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

Koos Baas

1119 Lake Breeze Dr

P.O. Box NOT acceptable

Wellington, FL 33414

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

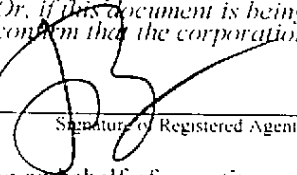
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Dr. Frank Jochem, CEO

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

06-17-2019

Date

If signing on behalf of an entity:

Koos Baas, Chairman of the Board

Typed or Printed Name

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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