## P17000097017

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	L
(Business Entity Name)	
(Deaumant Number)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJE Name o	ECT: NO-H2O, INC. of Corporation	
DOCU	UMENT NUMBER: P17000097017	
The en	nclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please	return all correspondence concerning this matter to the fo	ollowing:
	M. Ciovacco, Esq.	_
	Law Group	
	Company	<del>_</del>
1760 S	SW 30th Place	
Addres	SS	_
Fort La	auderdale, Florida 33315	
City/St	itate and Zip Code	
	emmet@noh2o.com	
E-mail	il address: (to be used for future annual report notific	ation)
For fur	rther information concerning this matter, please call:	
Emmet	et O' Brien at (95	4 )505-9335 rea Code & Daytime Telephone Number
	Name of Contact Person A	ray Cada & Dartima Talanhana Mumbur

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

CR2E045 (04/13)

## 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: NO-H2O, INC.	
2. The principal office address: 1760 SW 30th Place, Fort Lauderdale, Florida 33315	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/7/17 Document number: P17000097017	
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)	
Emmet O' Brien	
501 East Las Olas Boulevard, 200/300	
Fort Lauderdale, Florida 33301	
Fort Lauderdale, Florida 33301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Nicole M. Ciovacco, Esq.	,
1760 SW 30th Place	
P O Box NOT acceptable 6	
Fort Lauderdale, Florida 33315	
The street address of its registered office and the street address of the business office of its registered agas changed will be identical.	ent,
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.	
Emmet O' Brien, CEO	
Signature of an Hicer or director Printed or typed name and title	_
I hereby accept the appointment as registered agest and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performation of my position as registered agent. Or, if document is being filed merely to reflect a change in the registered office address. I hereby confirm that corporation has been notified in writing of this change.	ince this the
9/28/20	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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