

P19000020965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

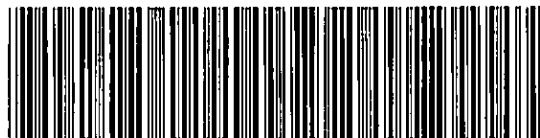
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900342697139

2020 APR -3 AM 8:16

20 Apr -3 12:29

O SIMMONS

APR 08 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2020

INCORPORATING SERVICES LTD

SUBJECT: NOVEL WATER TECHNOLOGIES, INC.
Ref. Number: P19000020965

*Please honor
original submission
date as file date.*

We have received your document for NOVEL WATER TECHNOLOGIES, 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 220A00007333

20 APR -7 PM 12:37

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 4/2/2020

PRIORITY Routine

OUR REF # (Order ID#) 818310

ORDER ENTITY

NOVEL WATER TECHNOLOGIES, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

NOVEL WATER TECHNOLOGIES, INC. (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Novel Water Technologies, Inc.
2. The principal office address: 6999 Merrill Road, Suite 2, #203, Jacksonville, FL 32277
3. The mailing address (if different): 218 Little Falls Road, Units 7 and 8, Cedar Grove, NJ 07009

4. Date of incorporation/qualification: 3/29/2019 Document number: 83-4198661

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)

Corporation Service Company

251 Little Falls Drive

Wilmington DE 19808-1674

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

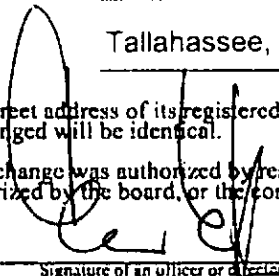
Incorporating Services, Ltd.

1540 Glenway Drive

Tallahassee, FL 32301

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. Marcus Hoefken, 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

4/2/20
Date

If signing on behalf of an entity:

Melissa Skyp
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 (03/12)

2020 APR -3 AM 8:16