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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000002652 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Address:	_	_							
	Address:	Address:_	Address:_	Address:_	Address:	Address:_	Address:_	Address:_	Address:_

REGISTERED AGENT CHANGE PARAGON WATER SYSTEMS, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

	•	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of FL
		office or registered agent, or both, in the State of Florida.
1. The name o	f the corporation: PARAGO	N WATER SYSTEMS, INC.
2. The principa	al office address: 13805 Mo	nroes Business Park, Tampa, FL 33635
3. The mailing	address (if different): 1380	5 Monroes Business Park, Tampa, FL 33635
4. Date of inco	rporation/qualification: 04	/08/1992 Document number: V28200
	nd street address of the curr artment of State: (If resigns	rent registered agent and registered office on file with the control of the contr
	GEORGE L LUTICH	
	13805 Monroes Business	Park
	Tempa, FL 33635	FOR E
6. The name an (if changed)		registered agent (if changed) and /or registered office
	C T Corporation System	
	c/o C T Corporation Syste	m, 1200 South Pine Island Road
		P.O. Box NOT exceptable
	Plantation, Florida 33324	
The street add as changed will	ress of its registered office il be identical.	and the street address of the business office of its registered agent,
Such change vauthorized by	vas authorized by resolution the board, or the corporati	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
		Steve Rist, Secretary
	ture of an officer or director If the appointment as regis I to comply with the provis If my duties, and I am famil his document is being filed In that the corporation has	Printed or typed name and title tered agent and agree to act in this capacity. ious of all statutes relative to the proper and complete llar with and accept the obligation of my position as registered i merely to reflect a change in the registered office address, i been notified in writing of this change.
By: Lither	rporation System	01/05/2015
	granure of Registered Agent	Date
If signing on b	ehalf of an entity:	
Katherine Lack	<u></u>	
•	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)