SIGNATURE: ROBERT WATERS DIRECTOR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	DIRECTOR/CEO	Title	DIRECTOR
Name	WATERS, ROBERT L III	Name	FULLER, MARC
Address	2733 WEST BELDEN ST APT 1209	Address	250 NEW YORK AVE
City-State-Zip:	CHICGAO IL 60647	City-State-Zip:	NEWARK NJ 07105
Title	DIRECTOR	Title	DIRECTOR
Name	JORDAN, JOSH	Name	RUIZ, GERMAN
Address	767 MONTAUK AVE	Address	3192 WAX MYRTLE CT

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

City-State-Zip: NEW LONDON CT 06320

WATERS, ROBERT L III 3192 WAX MYRTLE CT KISSIMMEE, FL 34744 US

SIGNATURE:

### **Current Mailing Address:**

SURRENCY, GA 31563 US

### Name and Address of Current Registered Agent:

3616 MIAMI, FL 33130

### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N14000004939

**Current Principal Place of Business:** 

## Entity Name: H20- HELP TO OTHERS INCORPORATED

60 SOUTHWEST 13TH STREET

3963 OLD SURRENCY RD

### FEI Number: 47-3778597

City-State-Zip: KISSIMMEE FL 34744

07/08/2020

# Date

Jul 08, 2020 Secretary of State 6442052745CC

FILED

Certificate of Status Desired: No

Date