## F090000004744

•	
(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:	
·	K

Office Use Only



900311662689

04/13/18--01034--011 \*\*35.00

S TALLENT APR 1 6 2018

RIFICA



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: April 11, 2018

Order#: 156808-015

Re: SPP HOLDING CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_ Please return evidence to the following:

Attn: Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of ch	ange is submitted for a corporati	ion organized under the laws of the State of DELAWARE
	-	or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SPP HOLDING	CORPORATION d/b/a SPECIALTY POOL PRODUCTS, INC.
2. The principa	l office address: 160 BRIDGE ST	REET, SUITE 205, EAST WINDSOR, CT 06088
3. The mailing		
4. Date of incom		09 Document number: F0900004744
	d street address of the current regardment of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)
	C T CORPORATION SYSTEM	A
	1200 SOUTH PINE ISLAND R	OAD
	PLANTATION	FL 33324
6. The name and (if changed):	_	ered agent (if changed) and /or registered office
	Corporation Service Company	·
	1201 Hays Street	
		). Box NOT acceptable
	Tallahassee	FL 32301
		adopted by its board of directors or by an officer so been notified in writing of the change.
authorized by the	he board, or the corporation has	
		BRAD GAZAWAY SUP ! GENERAL CONSI
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merci	rillied in types liame and dide agent and agree to act in this capacity. fall statutes relative to the proper and complete the and accept the obligation of my position as registered by to reflect a change in the registered office address, I otified in writing of this change.
BAY Judia	mature of Registered Agent	
If signing on be	chalf of an entity:	
Grace E. Kirby,	, Asst. Vice President	_
Т	yped or Printed Name	
	* * * FIL	ING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (03/12)