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(Re	questor's Name)	
•		
(Ad	dress)	
,	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	······································
Certified Copies	Certificates	of Status
	<u> </u>	
Special Instructions to	Filing Officer:	

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Y SULKER

COVER LETTER

TO: Registration Section

Divi	sion of Corporations			
SUBJECT:	PARK SWIM INTERNATIONAL, LLC			
JUDULCI.	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.	
Please returr	n all correspondence concerning thi	s matter to the fo	ollowing:	
Processin	g Department			
	Name of Person		-	
	Firm/Company		_	
5605 Rigg	gins Court Suite 200			
	Address			
Reno NV	89502			
	City/State and Zip Code	···	_	
martin@b	oritishswimschool.com			
E-mai	l address: (to be used for future ann	nual report notifi	cation)	
For further	information concerning this matter,	, please call:		
Eliana Ga	arcia	800 at (638-2320 ex 2225	
	Name of Person	· ·	Area Code & Daytime Telephone Number	
Reg Div Clit 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle lahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
En	closed is a check for the following	g amount:		
2 5	\$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	
INHS18 (2/1	14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ioi min	DADV CVAII	INTEDNI	ΔΤΙΛΝΑΙ	ПС		•
i. Na	me of the limited liability company: PARK SWI					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		uiling address of limited		
	1994 East Sunrise Blvd #167		1994 Eas	t Sunrise Blvd#	£167	1, 100
	Fort Lauderdale, FL 33304		Fort Laud	lerdale, FL 3330)4	
	02/04/2016	Ĺ	.16000024	4597		
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)						1 1
()	Registered Agent and Registered Office shown on the records INCORP SERVICES, INC.	s of the Florida f	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)				
	LOXAHATCHEE	. FL_33470				e ventri premi vije, sak-a-
					4.5	1
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office add	ress:			3
	Martin Goldberg					§ SEP 21
	NEW Registered Office Address:				in-	
	2632 Hollywood Blvd Ste 202					3
	Hollywood	, _{FL} 33020			GRION :	<u>ස</u>
the cha agent v was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membricules of organization of the operating agreement of	ss of the regis ed liability co ers of the lim f the limited l	tered office mpany, it is ited liability	e and the business of s hereby confirmed y company or as of apany.	office of the that the c	ie registered hange(s)
Signa	thre of a member of authorized representative of a member			Printed or typed name	e of signee	
	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proely reflect a change in the registered office address that writing of this change.	dagree to act olele performe vided for in C ss, I hereby co	in this cape ince of my c hapter 605 onfirm that	acity. I further agi duties, and I am fa 5. F.S. Or, if this d the limited liability	ree to com miliar wit ocument i y company	nply with the h and accep s being filed has been
Signati	incol Registered Agenti	-	•			1
4	Division of Corporations● P			ssee, FL 32314		
	FILIN	IG FEE: \$25	.1117			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: PARK SWIM	INTERNATION	AL, LLC	,
				·
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFIC	
	1994 East Sunrise Blvd #167	1994 E	ast Sunrise Blvd #167	i
	Fort Lauderdale, FL 33304	Fort La	uderdale, FL 33304	,
	02/04/2016	L160000	024597	•
3.	Date of filing/registration in Florida	4,		ere, dar i i i i i i i i i i i i i i i i i i i
5. (a)	Registered Agent and Registered Office shown on the records of INCORP SERVICES, INC. Registered Office Address (MUST BE FLORIDA STREET) 17888 67TH COURT NORTH LOXAHATCHEE . FI	<i>ADDRESS)</i> L 33470		16 SEP 21 PM 3: 11
	Hollywood , F	L_33020	_	
the ch agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	of the registered off liability company, it of the limited liabi	ice and the business office of t is hereby confirmed that the lity company or as otherwise	the registered change(s)
\$ (3) 22	wy	Martin Gold		
I her provi the ou to me	istor of a senteron authorized representative of a member, eby accept the appointment as registered agent and a sions of all statutes relative to the proper and completely bligations of my position as registered agent as provided rely reflect a change in the registered office address, each provided a change in the registered office address, and the registered of this change.	gree to act in this co le performance of m led for in Chapter 6 I hereby confirm th	Printed or typed name of signed apacity. I further agree to come any duties, and I am familiar with 505, F.S. Or, if this document at the limited liability compa	omply with the
Sign	ture of Registered Agenu			***
	Division of Corporations P.O	. Box 6327. Tallal	hassee, FL 32314	a page