

L17000164234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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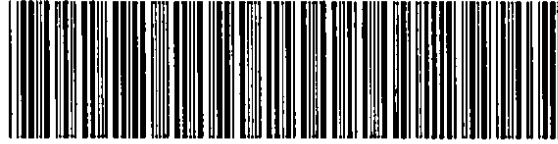
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 15 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dive IN Residential and Commercial Pool Cleaning Service LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter N Gambone

Name of Person

Dive IN Residential and Commercial Pool Cleaning Service LLC

Firm/Company

2605 JUAREZ AVE

Address

ST. AUG. FLA 32086

City/State and Zip Code

coolpantsme@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter N Gambone

Name of Person

at ( 904 ) 217 1378

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Dive IN Residential and Commercial Pool Cleaning Service LLC

2. (a) 2605 Juarez Ave Principal office address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**)  
ST. AUGUSTINE FL 32086

(b) 2605 Juarez Ave Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**)  
ST. AUGUSTINE FL 32086

3. 8/1/2017 Date of filing/registration in Florida

4. L1700164234 Document number

5. (a) Peter N. Giambone  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2604 Garcia Belk Ave  
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
St Augustine, FL 32086

(b) Peter N Giambone  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
2605 Juarez Ave  
**NEW Registered Office Address:**  
ST. AUGUSTINE  
, FL 32086

FILED  
 17 AUG 14 AM 11:19  
 CLERK OF STATE  
 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Peter N. Giambone  
 Signature of a member or authorized representative of a member

Peter N. Giambone  
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Peter N. Giambone  
 Signature of Registered Agent