

P10000000 7147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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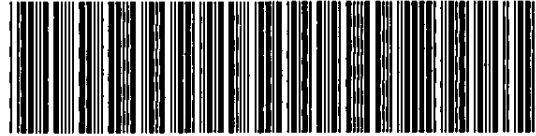
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

FEB 20 2012  
T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pool Care of Tampa Bay, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000007147

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dawn M Thompson  
Name of Contact Person

Firm/Company

24168 Kiwi Ln  
Address

Brooksville, FL 34601  
City/State and Zip Code

Dawn@PoolCareFlorida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Thompson at (352) 796-3459  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Pool Care of Tampa Bay, Inc.
- 2. The principal office address: 24168 Kiwi Lane  
Brooksville, FL 34601
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 1-25-10 Document number: P10000007147

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Dawn Thompson  
9024 Baywood Park Dr  
Seminole, FL 33777

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dawn Thompson  
24168 Kiwi Lane  
Brooksville, FL 34601  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Dawn Thompson Pres  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

2-13-12  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***