630 HAMMOC	ncipal Place of Business: K ROAD VILLAGE, FL 32904			
Current Ma	iling Address:			
630 HAMM MELBOURI	DCK ROAD NE VILLAGE, FL 32904			
	r: 46-4333504		Certificate of Status Desire	d: No
Name and	Address of Current Registered Agent:			
SALMON, HEI 630 HAMMOC MELBOURNE				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida	
	d entity submits this statement for the purpose of changing its regined. E: HEIDI SALMON	istered office or regis		4/14/2018
		istered office or regis		
SIGNATUR	E: HEIDI SALMON	istered office or regis		4/14/2018
SIGNATUR	E: HEIDI SALMON Electronic Signature of Registered Agent	istered office or regis		4/14/2018
SIGNATUR Officer/Dire	E: HEIDI SALMON Electronic Signature of Registered Agent		0	4/14/2018
SIGNATUR Officer/Dire	E: HEIDI SALMON Electronic Signature of Registered Agent	Title	D	4/14/2018
SIGNATUR Officer/Dire Title Name	E: HEIDI SALMON Electronic Signature of Registered Agent ector Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD	Title Name	D SALMON, CHRISTOPHER	4/14/2018 Date
SIGNATUR Officer/Dire Title Name Address	E: HEIDI SALMON Electronic Signature of Registered Agent ector Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	4/14/2018 Date
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	E: HEIDI SALMON Electronic Signature of Registered Agent ector Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD MELBOURNE VILLAGE FL 32904	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	4/14/2018 Date
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: HEIDI SALMON Electronic Signature of Registered Agent Cotor Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD MELBOURNE VILLAGE FL 32904 D	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	4/14/2018 Date
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title Name	E: HEIDI SALMON Electronic Signature of Registered Agent Electronic Signature of Registered Agent Electronic Signature of Registered Agent P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD D SALMON, HEIDI 630 HAMMOCK ROAD	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	4/14/2018 Date

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER SALMON

DIRECTOR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000097117

Entity Name: SUNNY POOL CARE INC.

Current Principal Place of Business:

FILED Apr 14, 2018 Secretary of State CC0000377570