630 HAMMOCH	CROAD KROAD /ILLAGE, FL 32904			
Current Mai	ling Address:			
630 HAMMO MELBOURN	OCK ROAD IE VILLAGE, FL 32904			
FEI Number: 46-4333504			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SALMON, HEIE 630 HAMMOCH MELBOURNE				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida	
	d entity submits this statement for the purpose of changing its regi : HEIDI SALMON	stered office or regis	0	2/11/2019
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	stered office or regis	0	
	Electronic Signature of Registered Agent	stered office or regis	0	2/11/2019
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	0	2/11/2019
SIGNATURE Officer/Dire	E: HEIDI SALMON Electronic Signature of Registered Agent		0	2/11/2019
SIGNATURE Officer/Dire	EIECTRONIC Signature of Registered Agent	Title	D	2/11/2019
SIGNATURE Officer/Dire Title Name	E: HEIDI SALMON Electronic Signature of Registered Agent Ctor Detail : P/S SALMON, CHRISTOPHER	Title Name	D SALMON, CHRISTOPHER	2/11/2019 Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	2/11/2019 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD MELBOURNE VILLAGE FL 32904	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	2/11/2019 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	EIECTRONIC Signature of Registered Agent Ctor Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD MELBOURNE VILLAGE FL 32904 D	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	2/11/2019 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: HEIDI A. SALMON

DIRECTOR

02/11/2019

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000097117

Entity Name: SUNNY POOL CARE INC.

Current Principal Place of Business:

FILED Feb 11, 2019 Secretary of State 2028240454CC

Date