630 HAMMOCH	CIPAL Place of Business: CROAD /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	ddress of Current Registered Agent:			
SALMON, HEIE 630 HAMMOCH MELBOURNE				
The above name	I entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florid	а.
	d entity submits this statement for the purpose of changing its regis	stered office or regis		a.)1/20/2020
		stered office or regis		
	EIECTRONIC Signature of Registered Agent	stered office or regis		01/20/2020
SIGNATURE	EIECTRONIC Signature of Registered Agent	stered office or regis		01/20/2020
SIGNATURE Officer/Dire	E: HEIDI SALMON Electronic Signature of Registered Agent		(01/20/2020
SIGNATURE Officer/Dire	E HEIDI SALMON Electronic Signature of Registered Agent Ctor Detail : P/S	Title	D	01/20/2020
SIGNATURE Officer/Dire Title Name	E: HEIDI SALMON Electronic Signature of Registered Agent Ctor Detail : P/S SALMON, CHRISTOPHER	Title Name	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	01/20/2020 Date
SIGNATURE Officer/Dire Title Name Address	E HEIDI SALMON Electronic Signature of Registered Agent Ctor Detail : P/S SALMON, CHRISTOPHER 630 HAMMOCK ROAD	Title Name Address	D SALMON, CHRISTOPHER 630 HAMMOCK ROAD	01/20/2020 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E HEIDI SALMON 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	01/20/2020 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E HEIDI SALMON Electronic 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	01/20/2020 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 SALMON

DIRECTOR

01/20/2020

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000097117

Entity Name: SUNNY POOL CARE INC.

Current Principal Place of Business:

FILED Jan 20, 2020 Secretary of State 7647686835CC

Date