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.

PRESIDENT

SIGNATURE: GARY NUCCI

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Title	P, D	Title	т	
Name	NUCCI, GARY	Name	NUCCI, MICHELIN	
Address	4716SW23RD AVE	Address	4716SW23RD AVE	
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	CAPE CORAL FL 33914	
Title	S			
Name	PATE, MEGAN K			
Address	2525 SW 36TH LANE			

Officer/

City-State-Zip: CAPE CORAL FL 33914

SIGNATURE:

/Dire	ctor Detail :		
	P, D	Title	т
	NUCCI, GARY	Name	NUCCI, MICHELIN
	4716SW23RD AVE	Address	4716SW23RD AVE
e-Zip:	CAPE CORAL FL 33914	City-State-Zip:	CAPE CORAL FL 33914
	S		
	PATE, MEGAN K		

FEI Number: 47-3023560

4716 SW23RD AVE CAPE CORAL. FL 33914 US

4716 SW23RD AVE CAPE CORAL, FL 33914

Current Mailing Address:

Name and Address of Current Registered Agent:

NUCCI, GARY 4716 SW23RD AVE CAPE CORAL, FL 33914 US

Entity Name: ASAP SWIMMING POOL SERVICE, INC.

Current Principal Place of Business:

FILED Jan 10, 2018 Secretary of State CC3412211096

Certificate of Status Desired: No

01/10/2018 Date

Date