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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADALBERTO MORALES

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: FAMILY FIRST POOLS LLC

Current Principal Place of Business:

670 APPLEGATE TERRACE DELTONA, FL 32725

Current Mailing Address:

670 APPLEGATE TERRACE DELTONA, FL 32725 US

FEI Number: 88-1411305

Name and Address of Current Registered Agent:

MORALES, ADALBERTO 670 APPLEGATE TER DELTONA, FL 32725 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	MORALES, ADALBERTO	Name	MORALES, NANCY
Address	670 APPLEGATE TER	Address	670 APPLEGATE TER
City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725

Certificate of Status Desired: No

04/26/2024

MANAGER/OWNER

FILED Apr 26, 2024 Secretary of State 1667608202CC

Date

Date