

583488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

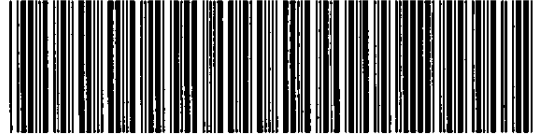
(Business Entity Name)

(Document Number)

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MAR 30 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pool Doctor Of Brevard, Inc

Name of Corporation

DOCUMENT NUMBER: 583488

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Holtman

Name of Contact Person

Pool Doctor of Brevard, Inc

Firm/Company

P.O. Box 121205

Address

Melbourne, FL 32912

City/State and Zip Code

dholtman140@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Holtman

Name of Contact Person

at (321-) 536-9264

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Pool Doctor of Brevard, Inc
- 2. The principal office address: 6350 Babcock Street SE Palm Bay, FL 32909
- 3. The mailing address (if different): P.O. Box 121205 Melbourne, FL 32912
- 4. Date of incorporation/qualification: 08/28/1978 Document number: 583488
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Douglas L. Holtman
6350 Babcock Street SE
Palm Bay, FL 32909

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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Charles Schillinger, Esquire
1311 Bedford Drive
P.O. Box NOT acceptable
Melbourne, FL 32940

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Douglas L. Holtman, President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 3/23/16
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****