

682381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

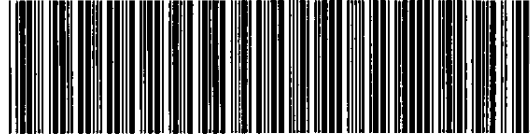
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mcgrath Pools Inc.

Name of Corporation

DOCUMENT NUMBER: 682381

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:

Carla A. Jones, Esq.

Name of Contact Person

Walton Jones + Browne

Firm/Company

550 N.E. 124th Street

Address

North Miami, FL 33161

City/State and Zip Code

carla@wjblegal.com

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

For further information concerning this matter, please call:

Carla A. Jones, Esq.

Name of Contact Person

at (786) 230-1091

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

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TALLAHASSEE, FL

**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: Mcgrath Pools, Inc.
2. The principal office address: 7521 NW 72 Avenue, Miami, FL 33166
3. The mailing address (if different): Same As Above
4. Date of incorporation/qualification: 8/18/1980 Document number: 682381
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)

Daniel Davis

1313 Ponce De Leon Blvd, Suite 200

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carla A. Jones, Esq

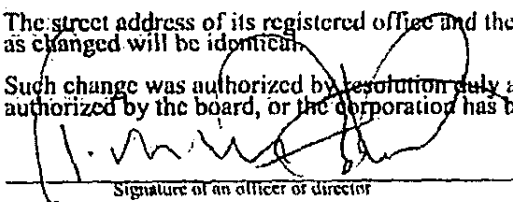
550 N.E. 124th Street

P.O. Box NOT acceptable

North Miami, FL 33161

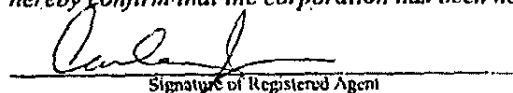
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

T.M. McGRATH, PRESIDENT
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.


Signature of Registered Agent

8/29/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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