F02000000496

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SECRETATION



ACCOUNT NO. : 072100000032

REFERENCE: 240031

7272658 _

AUTHORIZATION T

COST LIMIT

ORDER TIME: 4:39 PM

ORDER DATE: October 16, 2003

ORDER NO. : 240031-070

CUSTOMER NO:

7272658

CUSTOMER: Mr. Martin J. Degnan

Anthony & Sylvan Pools Corp.

Suite 300, 6690 Beta Dr

Mt. Vernon Square

Mayfield Villag, OH 44143

CHANGE OF AGENT

NAME:

ANTHONY & SYLVAN MANAGEMENT

SERVICES CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

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

	-	, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement Ohio		ration organized under the laws of the State of istered office or registered agent, or both, in the State
of Florida.	in order to change its regi	stered office or registered agent, or both, in the state
-	of the corporation: ANTHONY & SYLV	AN MANAGEMENT SERVICES CORP.
	<u>-</u>	e, Suite 300, Mayfield Village, OH
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: January 2	9, 2002 Document number: F02000000496
	and street address of the current regionartment of State:	stered agent and registered office on file with the
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name changed):	and street address of the new regi	stered agent (if changed) and /or registered office (if
	Corporation Service Company	
	1201 Hays Street (P.O. Box or persona	I mailbox NOΓ acceptable)
	Tallahassee, FL 32301	
The street add	dress of its registered office and the aged will be identical.	e street address of the business office of its registered
Such change authorized by	was authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.
Lawa g (Signature of an offi	cer, chairman or vice chairman of the board)	Laura R. Dunlap, Attorney in Fact (Printed or typed name and title)
perjormance registered ag	of my duties, and I am familiar will ent. Or, if this document is being f s, I hereby confirm that the corpore L	gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as filed merely to reflect a change in the registered ation has been notified in writing of this change. (Date)
(Signature of Registered Agent) If signing on behalf of an entity:		Carla Lohi
		Asst. Vice President
	(Typed or Printed Name)	(Capacity)

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