## Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

: (850)222-1173

Phone Fax Number

: (850)224-1640

## REGISTERED AGENT CHANGE

JANDY POOL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

	provisions of sections 60 nge is submitted for a co				s, this DELAWAI	RE_	
in order to chan	ge ils registered office or	registered agent, o	r both, in the State c	f Florida.			
1. The name of t	he corporation:						
		JANDY POOL F	RODUCTS, INC.		····		
2. The principal	office address:						
5000 CONDOR DRIVE			MOORPARI	CA CA	CA 93021		
3. The mailing a	ddress (if different):		•	•			
4. Date of incom	ooration/qualification:	11/22/1999	_ Document number	r: F990(	00006438	•	
	street address of the cur tracat of State:	rent registered agen	t and registered offic	ce on file with the	Σç	90	
		C T CORPORAT	TON SYSTEM		A S	<u> </u>	
	1200 SOUTH PINE ISLAND ROAD			HAS	¥		
	PLANTA	ATION	FL	33324	- SES	ω	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office			OF STAT	M 2:5		
	Nat	ional Corporate F	Research, Ltd., Inc			9	
		515 East Pa	rk Avenue		-		
515 East Park Avenue  (P.O. Box NOT acceptable)							
•	Tallaha	19500	Florida	32301			
The street addre	ss of its registered offic be identical.	e and the street add	lress of the business	office of its regis	stered agen	t,	
Such change wa authorized by th	s authorized by resoluti to board, or the corporat	on duly adopted by low has been notifi	its board of directed in writing of the	ors or by an office change.	r so		
1///	a Cruy		MARK (	WRITELL -	Secret	<del>~</del>	
(\$	ignature of an officer or director		(0	rinted or typed name on	d title)		
t nereby decept I further agree t of my duties, and document is beli corparation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and a sions of all statutes t accept the obligat t a change in the re t of this change.	gree to act in ints co relative to the pro- tion of my position i gistered office add	opocty. Per and complete as registered agen ress, I hereby com	performan it. Or, if th firm that th	ce is : ia	
79:		) in the same of t		OCTOBER 31,	2006		
(/-	(Signature of Registered Agent) (Date)						
If signing on bel	half of an entity:	1 7/05	t Sca Sm				
	A. P. POLIZZI		J				
	(Typed or Printed Name)	* * * KILING TO	E: \$35.00 * * *				
		A SELECT TO IN IN					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)