

# H66996

**MICHAEL J. BURLEY, P.A.**

1ST UNITED BANK BUILDING, SUITE 202

250 TEQUESTA DRIVE

TEQUESTA, FLORIDA 33469

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

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-03/18/97--01037--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

*Corporation add. only  
Fido*

FILED  
97 MAR 18 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

# 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Challenger Pools, Inc.

2. The mailing address of the corporation is: 945 North Military Trail, West Palm Beach, Florida 33415

3. Date of incorporation/qualification: 7/17/85 Document number: H 66996

4. The name and address of the current registered agent and office:

Michael J. Burley  
1001 North U.S. Highway One, Suite 400  
Jupiter, Florida 33477

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Michael J. Burley  
250 Tequesta Drive, Suite 202  
Tequesta, Florida 33469

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 authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

March 10, 1997  
(Date)

GARY WESTON, President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)  
MICHAEL J. BURLEY  
If signing on behalf of an entity:

March 10, 1997  
(Date)

(Typed or Printed Name)

(Capacity)

CR2E045(1/95)

FILING FEE: \$35.00

\*\*\*END\*\*\*