## J58015

Requester's Name

ERICKSON

CUSTOM POOLS AND SPAS, INC.

565 Beville Road

South Daytona, FL 32119

#

Office Use Only

CORPORATION NAME(S) & DOCU	WENT NOMBER(3), (II	800004947 -02/18/02(	'5587 <sup>-</sup> 11044016	
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NEW FILINGS	<u>AMENDMENTS</u>			-
Profit	Amendment			
Not for Profit Limited Liability	Change of Register	A., Officer/Director ered Agent		2
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OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>		
Annual Report	Foreign		·	
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CR2E031(7/97)

Examiner's Initials

## \*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
submits the following statement in order to change its registered office or registered agent, or both, in the
S CTT 13
1. The name of the corporation: ERICKSON COSTOM POOLS NO SPAS, INC.
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
2. The mailing address of the corporation: 565 BEVILLE ROAD
S. DAYTONA FL 32119
3. Date of incorporation/qualification: 317187 Document number: <u>J58015</u>
4. The name and address of the current registered agent and registered office:
ANTHONY DEGLOMINE III
800 N. MAGNOLLA AVE SUITE 1500
DRLAND FL 32803
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
NILS ERICKSON PER TO
565 BEVILLE ROAD
S. DAYTONA PL 32119
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.
2/7/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
NILS ERICKSON OWNER
(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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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