J78888

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(Requestor's Name)	:
	ş •
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	,
	,
(Document Number)	
Certified Copies Certificates of State	us
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Special fishactions to rining Officer.	,
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SECRETARY OF SIAD
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COVER LETTER

то:	Amendment Section Division of Corporations	; (
SUBJ	ECT: Pool Doctor of the Palm	
	•	(Name of corporation)
DOC	JMENT NUMBER: J78888	
The er	closed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence cond	erning this matter to the following:
		John Hamil
•	•	(Name of contact person)
	Po	ol Doctor of the Palm Beaches, Inc.
		(Firm/Company)
		3900 B Consumer St
;	# v 15 7 4 2	(Address)
		Riviera Beach, FL 33404
		(City/state and zip code)
For fu	ther information concerning th	is matter, please call:
	Michealla Smith	at (561) 844-0393
	(Name of contact pers	(Area code & daytime telephone number)
Enclos	ed is a \$35,00 check made pay:	able to the Department of State.
	Mailing Add Amendment S Division of C P.O. Box 632	Amendment Section Orporations Division of Corporations Amendment Section Division of Corporations Amendment Section
	Tallahassee, F	L 32314 Tallahassee, FL 32399

CR2E045(6/04)

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

statement of change is submitted for a c	107.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FL ed office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Pool	Doctor of the Palm Beaches, Inc.	
	B Consumer St. Riviera Beach, FL 33404	
3. The mailing address (if different):		
4. Date of incorporation/qualification:	6/18/87 Document number: J78888	
5. The name and street address of the conflorida Department of State:	urrent registered agent and registered office on file with the	
J	iòhn Hamil	
1105	6 th Ave. South	
Lake \	Worth, FL 33460	
6. The name and street address of the ne (if changed):	ew registered agent (if changed) and /or registered office	
	John Hamil	
390	0 B Consumer St.	
(P.	O Box NOT acceptable)	
Rivier	a Beach, FL 33404	
The street address of its registered off as changed will be identical.	ice and the street address of the business office of its registered agent,	
Such change was authorized by resolutanthorized by the board, or the corporate	ution duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.	
	John Hamil, President	
(Signature of an officer or director)	(Printed or typed name and title)	
I further agree to comply with the pro	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this ect a change in the registered office address, hereby confirm that the ng of this change.	
	1/26/04	
(Signature of Registered Agent)	(Date)	
If sighing on behalf of an entity:		
John Ham! (Typed or Printed Name)		

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