104000 53494

(Re	questor's Name)			
hbA)	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

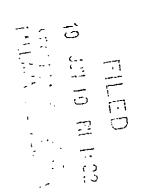
Office Use Only



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JUN 2 2 2019 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	•						
SUBJECT: T.A.D. POOLS CCC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Jehnifer C. Wolske Name of Person							
Firm/Company							
181 SW CANCELOT CANE Address							
MAYO FL 32066-4077 City/State and Zip Code							
Jenjowolske & Smail, Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Tennifer C. Wolske at (386) 205-2785 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State c Florida.

1.	Na	me of the limited liability company:	s ccc	
2.		_) <u> </u>	tling address of limited liability company: Note: MAY BE POST OFFICE BOX
		166 SW LANCELOT LANE	166:	SW CANCECOT CANE
		MAYO FL 32066-4076	MAYO	FL 32066-4076
		July 20,2004	L040	00053494
3.		Date of filing/registration in Florida 4.		ocument number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:	
		T. A. D. POOCS CCC Registered Office Address <u>MUST BE FLORIDA STREET ADDRESS</u>	<u></u>	7.5 0
		166 5W LANCELOT LANE		
		MA yo FL 320	66-407	6 7.55
	(b)	Tennifer C. Wolske Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u>	lress:	FILED PILES
		T.A.D. POOLS CCC NEW Registered Office Address:		
		181 SW LANCELOT LANE		
		MAYO FL 320	066-40	77
the	e cha	mited liability company is not organized under the laws of the nge or changes are made, the Florida street address of the regis will be identical. Or in the case of a Florida limited liability co	stered office a	nd the business office of the register

 cd was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Printed or typed name of signee

Signature of a member or authorized representative of a member

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.