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T. HAMPTON

EXAMINER

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COVER LETTER

Division of Co	orporations						
CUD IFOT.	Δαιια F	ادالم	Pool Še	envice III	C		
SUBJECT:	SUBJECT: Aqua Bella Pool Service, LLC Name of Limited Liability Company						
			,				
Dear Sir or Madam:							
The enclosed Register	red Agent/Registered C	Office C	Change ar	nd fee(s) are	submitted for filing.		
Please return all corre	spondence concerning	this ma	atter to th	e following:			
,							
	Suzanne George Name of Person						
	Name of Person						
	ella Pool Service, LL	<u>C</u>					
, , , , , , , , , , , , , , , , , , , ,	Firm/Company						
	100				•		
	36 12th Ave N.E.				· .		
	Address			``,.			
St. Po	etersburg, FL 33701			. '			
	y/State and Zip Code						
P. mail address (to be	used for future annual report n	otificatio					
E-man address. (to be	used for future aimuai report ii	otineatio	.i.,				
For further information	on concerning this matt	er, plea	se call:				
Suzann	e George	at (727)	560-6310		
Name of	Person	_ *** (Ar	ea Code & Dayt	ime Telephone Number		
STDEET/CAL	IRIER ADDRESS:		MAII	ING ADDR	FSS.		
Registration Se			MAILING ADDRESS: Registration Section				
Division of Cor			Division of Corporations				
Clifton Buildin	-		P.O. Box 6327				
	Center Circle		Tallahassee, Florida 32314				
Tallahassee, Flo	orida 32301						
Enclosed is a	check for the following	ng amo	unt:				
\$25 Filing	Fee		\$55 Filing Fee & Certified Copy				

TO: Registration Section

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	Aqua Bella Pool Service, I	LC			
2. (a) Principal office address of limited liability comp	pany: 136 12th A	136 12th Ave N.E.			
(Note: MUST BE STREET ADDRESS)	St. Petersburg, FL 33701				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
July 6, 2007	L0700007049	2			
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	t. of State:			
Registered Agent:	Natalie Conner				
Registered Office Address:	2662 W. Vina Del Mar Blvd St. Pete Beach, FL 33706	SECRET 10 HAY			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address Suzanne George 136 12th Ave N.E.	28 28			
(MUST BE FLORIDA STREET ADDRESS)	St. Petersburg	,FL <u>33701</u>			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne Florida street address of the reg	istered office			
Natalie Conner					
Printed or typed name of signee I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I e proper and complete performand y position as registered agent as p o merely reflect a change in the re pany has been notified in writing o	further agree to se of my duties, rovided for in gistered office of this change.			