11000003110

Sevan Morgera (Requestor's Name)
Pool Pros of Pasco 7300 Windsor St Hudson, FL 34667 www.poolprosofpasco.com
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. CLINE
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EXAMINER

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.

1. Name of the limited liability company: Pool	Pros of Pasco LLC
2. (a) Principal office address of limited liability compar	y: 7300 Windsorst.
(Note: MUST BE STREET ADDRESS)	Hudson, FL 34caco7
(b) Mailing address of limited liability company:	7300 Windsorst.
(Note: MAY BE POST OFFICE BOX)	Hudson, FL 3-16067
3. Date of filing/registration in Florida	上1100000 SEEO 章 4. Document number 全部 章
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. State:	
Registered Agent:	Charles Movage
Registered Office Address:	7300 Windsor 37.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Soy or More Agent	
NEW Registered Agent:	Savar, Morger oc
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7300 Windsor St. Judson FL S4667
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.	
Signature of a member or authorized representative of a member	- 6
Printed or typed name of signee	<u>C</u>
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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office as after a change in the diffice and the limited liability company has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent