

L110000 14706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

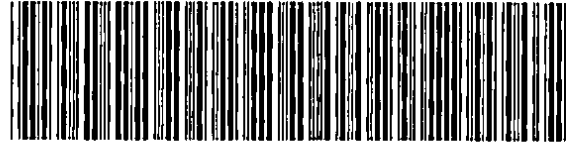
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Arrow Pool Service LLC  
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:

Paul Ciccatelli  
Name of Person

\_\_\_\_\_  
Firm/Company

3905 Tampa Rd # 581  
Address

Oldsmar FL 34677  
City/State and Zip Code

Arrow Pool Construction@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Ciccatelli at (727) 599-6021  
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

RECEIVED

AUG 01 2019

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2019

PAUL CICCOTELLI  
3905 TAMPA RD #581  
OLDSMAR, FL 34677

SUBJECT: ARROW POOL SERVICE, LLC  
Ref. Number: L11000014706

We have received your document for ARROW POOL SERVICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00013921

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Arrow Pool Service LLC
2. (a) Paul Ciccotelli  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
3905 Tampa Rd #581  
Oldsmar FL 34677
- (b) Paul Ciccotelli  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
3905 Tampa Rd #58  
Oldsmar FL 34677
3. ~~7/30/11~~ 2/5/11  
Date of filing/registration in Florida
4. L11000014706  
Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
CICCOTELLI, PAUL M  
4300 WORTHINGTON CIR \_\_\_\_\_  
PALM HARBOR, FL 34685 \_\_\_\_\_, FL \_\_\_\_\_

(b) Paul M Ciccotelli  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3905 Tampa Rd #581  
NEW Registered Office Address:  
Oldsmar FL, FL 34677

2011  
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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]  
Signature of a member or authorized representative of a member

Paul Ciccotelli  
Printed or typed name of signee

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.

[Signature]  
Signature of Registered Agent