

L11 000 140504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

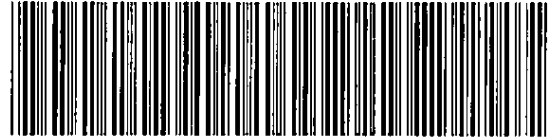
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT - 9 2023

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000416564710

23 OCT - 6 AM 11:55
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT - 6 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 049627 7853170

AUTHORIZATION :

COST LIMIT : \$ 25,000

ORDER DATE : October 5, 2023

ORDER TIME : 8:56 AM

ORDER NO. : 049627-020

CUSTOMER NO: 7853170

CHANGE OF AGENT

NAME: FLUIDRA USA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLUIDRA USA, 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:

Lois Duncan

Name of Person

Zodiac Pool Systems LLC

Firm/Company

2882 Whiptail Loop # 100

Address

Carlsbad, CA 92010

City/State and Zip Code

lduncan@fluidra.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois Duncan at (760) 597-8102

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: FLUIDRA USA, LLC

2. (a) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8525 Mallory Road

Jacksonville, FL 32220

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

8525 Mallory Road

Jacksonville, FL 32220

12/14/2011

L11000140504

3. Date of filing/registration in Florida

4. Document number

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

COGENCY GLOBAL INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

115 N. Calhoun St., Suite 4

Tallahassee, FL 32301

FILED
23 OCT -6 4H11:56
TALLAHASSEE, FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ Christopher M. Helms

Christopher M. Helms

Signature of a member or authorized representative of a member

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.

Eyleina Bahar
Assistant Vice President

Signature of Registered Agent

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