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(Requestor's Name)									
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(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL							
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COVER LETTER

TO: Registration Section Division of Corporations				
Pool Management LLC				
Nan	ne of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Scott Blevins				
Name of Person				
Pool Management LLC				
Firm/Company				
1007 N. Federal Hwy Suite 143				
Address				
Ft. Lauderdale, FL 33304				
City/State and Zip Code				
operations@poolmanagementinc.com				
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter,	please call:			
Scott Blevins	855 794-6764			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
	Division of Corporations Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327			
Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Factored is a check for the following	amount.			

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.	Na	me of the limited liability company: Pool Managen	nent L	LC				
2.		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1007 N. Federal Hwy Suite 143	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1007 N. Federal Hwy Suite 143					
		Ft. Lauderdale, FL 33304	-	Ft. La	uderdale, FL	33304		
		1/19/2012		112000	008727			
3.		Date of filing/registration in Florida	4.		Document nui	mber		
5.	(a)	Daneen Tyson						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 404 NW 13th St			itate:			
		Delray	33444			SE	ਰੀ	
,	(b)	Enter name of NEW Registered Agent and/or NEW Registered Companies Tyson NEW Registered Office Address: 1007 N. Federal Hwy Suite 143	Office ad	dress:		SEP -6 AM 9: 01 CREJAR: OF STATE LAHASSTELTIORIDA		a selanda - managa - man
								
		Ft. Lauderdale	33304					
the age was the Si I hapro the to not	cha nt w s/we arti- ignal erel- visio obli- nere ified	mited liability company is not organized under the laws nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of class of organization or the operating agreement of the liabilities of member or authorized representative of a member one of a member of all statutes relative to the proper and complete properties of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	he reginated the limited Scott	stered off ompany, inited liabiliability cott Blevi	ice and the busing it is hereby confirmed or typed apacity. I further	name of sign	e of the the chise pro	e registered ange(s) ovided in