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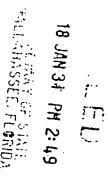
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TO: Registration Section Division of Corporations	
First Coast Viking Pools, LLC	
SUBJECT: Name of Limited	d Liability Company
Dear Sir or Madam:	
	10.75
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Lisa Hoffert	
Name of Person	
First Coast Viking Pools, LLC	
Firm/Company	
919 Waterman Rd. S.	
Address	<del></del>
Jacksonville, FL 32207	
City/State and Zip Code	
lisa@firstcoastvikingpools.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Lisa Hoffert 904	923-4997
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
Enclosed is a check for the following amount:	
-	1 \$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: First Coast Vil	king Pools, LLC
2	(a)	919 Waterman Rd. S.	(b) 919 Waterman Rd. S.
<u>ٺ</u> .	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Jacksonville, FL 32207	Jacksonville, FL 32207
3. 5.	(a) (b)	Date of filing/registration in Florida  Lisa Marie Granuzzo-Hoffert  Registered Agent and Registered Office shown on the records of the game of the grant of the	32207 (F. S.) on to Lisa)
		NEW Registered Office Address:	
If t	the l	imited liability company is not organized under the law	32207  vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered
age	ent v is/we	vill be identical. Or, in the case of a Florida limited lia	ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
_	7	Kas-/-p ffeet	Lisa Hoffert
pre the to no	herei ovisi obli mere tifice	we of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided eight of the proper and complete pigations of my position as registered agent as provided eight of the proper address. I have a provided the proper address of the proper address of the proper address of the proper address. I have a provided the proper address of the proper address	Printed or typed name of signee ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed iereby confirm that the limited liability company has been