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| (Req | uestor's Name) | · | | |
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| (Add) | ress) | | | |
| (City | /State/Zip/Phon | e #) _ | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | iness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to F | iling Officer: | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSES, FLOSIOA

JUL 0 6 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2016

CHRISTIAN CUBANO 1155 N COURTENAY PARKWAY F120 MERRITT ISLAND, FL 32953

SUBJECT: BREVARDCLEARWATERPOOLS, LLC

Ref. Number: L15000114913

We have received your document for BREVARDCLEARWATERPOOLS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 316A00014132

16 JUL -5 PM 3: 14

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-----------|--|----------|
| SUBJI | Name of Limited Liability Company | 2 |
| Dear S | Sir or Madam: | |
| The en | nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | |
| Please | e return all correspondence concerning this matter to the following: | |
| | CHristian Cubano Name of Person revard Clearwater Pools LC Firm/Company 1155 N Colertenny Pkw F120 | TA S |
| | 1155 N Courterny Pkuy F120 Address | ECRETA |
| _M | ERRIH ISland FL 32953 City/State and Zip Code | -5 PM |
| <u>Ch</u> | E-mail address: (to be used for future annual report notification) | PN 3: 14 |
| For fu | urther information concerning this matter, please call: | |

STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

Christian

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.

| rioriaa. | | | | | _ | | _ | |
|--|--|--|---|--|---|---|--|------------------------|
| 1. Name of t | he limited liabilit | y company: | Brevar | d | Clear | valer | Pouls | LLC |
| 2. (a) 115 | | Jurtenay | Pruy | (b) | 1155 N | | tenay i | Okwj |
| | • | ss of limited liabilit <mark>y</mark> co BE STREET ADDRES | | | | dress of limited li MAY BE POST O | | F120 |
| Me | mtt Isla | and FL | F120 | Me | emtt | Island | KL | |
| | | 3295 | 3 | | | 3 | 2953 | |
| | 7/1/15 | | | / i « | 5000 1 | 14912 | | |
| 3. | Date of filing/re | gistration in Floric | da 4. | | | ent number | | |
| 5. (a) | nited | states | Corp | Age | nts In | c | | 1 |
| Register | ed Agent and Registe | red Office shown on th | e records of the Flo | rida Dept. of | State: | | 16 | |
| Dagista | red Office Address | MUST BE FLORID | A CTREET ARREST | | | | JUL | 三十二 |
| | _ | 1 2 | ΔΩ | <u>∞∞</u> ∩ +- | | | 5 | |
| 1/2 | 702 | Winding | ١ _ | | | | PH | |
| | lampo | λ | , FL | 3612 | | | PH 3: | |
| (b) (| Hristian | 1 CUB | AND | | | | | 12mi |
| Enter na | me of NEW Registe | red Agent and/or NEW | Registered Office | address: | | | | |
| | 55 N | | tenay | PKW | ¥+12 | 0 | | |
| 20 | Registered Office Add | ress: 131and | , | | • | | | |
| | -K-K-(TT- | 13(W)C | • | | | | | |
| Mt | RRIH ! | sland | , FL_ <u></u> <u>5</u> | 2953 | | | | |
| If the limited l | iability company | is not organized ur | nder the laws of | the State o | f Florida, it i | s hereby conf | irmed that aft | er |
| agent will be i | dentical. Or, in the | , the Florida street ne case of a Florida | ı limited liability | company. | , it is hereby | confirmed that | it the change(| s) |
| the articles of | organization or th | mative vote of the se operating agreen | members of the nent of the limite | iimited iia ed liability | company. | ny or as otner | wise provided | 1 1 n |
| Signatura of a | wanhar or authoriza | representative of a me | | (| CHRIST | án Cu | BANO | - |
| I hereby acce | nt the annointme | It as registered aga | ent und aaree ta | act in this | canacity I | or typed name of s further garee | to comply wit | h the |
| provisions of a the obligation to merely refle | all statules relatives of my position a set a change in the ting of this chang | e to the proper and s registered agent e registered office i | il and agree io il compleie perfo as provided for a address, I hereb | rmance of in Chapter v confirm t | my duties, a 605, F.S. C that the limit | nd I am famili or, if this documed liability com | ar with and a ment is being mpany has be | accept filed ren |
| Algoritical of Reg | ictored Agent | ≥ | | | | | | |
| A:Eiherninga Acch | iscered ukcill | | | | | | | |

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