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(Re	equestor's Name)					
(Ac	ddress)					
	ddress)					
(Ci	ty/State/Zip/Phone #	9)				
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(Bi	usiness Entity Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Aqua Fresh Pool Service					
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the	following:			
Mark	Galloway					
	Name of Person					
Aqua	Fresh Pool Service LLC					
	Firm/Company					
1660	Rochelle Pkwy					
	Address	··· -				
Merri	tt Island, Florida 32952					
	City/State and Zip Code		<u> </u>			
aqua	freshpoolservice@gmail.com					
<u></u>	-mail address: (to be used for future annu	aal report notif	ication)			
For fu	rther information concerning this matter,	please call:				
Mark	Galloway	321	795-4586			
	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:						
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHSI	8 (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.

l. Na	ume of the limited liability company: Aqua Fresh	Pool Ser	vice		
2. (a)		(h)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability (Note: MAY BE POST OFFI	
	1660 Rochelle Pkwy		1660 Ro	chelle Pkwy	
	Merritt Island, FL 32952		Merritt Is	sland, FL 32952	
	05/26/2016		L1600010)5780	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Seth Libby				
. (24)	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2	- c	, .
	Merritt Island	32952	_	- 2	17 A
(b)	Mark Galloway Enter name of NEW Registered Agent and/or NEW Register 1660 Backselle Division	ed Office ad	dress:	-	77 AUG 10 PH 2: 36
	1660 Rochelle Pkwy NEW Registered Office Address:			-	36
					Ç
	Merritt Island, I	. _L 32952		_	
Signa I here provisi the oblication mere notified	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member obvious of all statutes relative to the proper and completing in the registered agent as providely reflect a change in the registered office address, if in writing of this change.	of the regis liability cos s of the lim ne limited l gree to act le perform ded for in C I hereby co	stered office ompany, it is ited liability con iability con in this cape ance of my of thapter 605 onfirm that	e and the business office of shereby confirmed that the y company or as otherwise ipany. Printed or typed name of signed acity. I further agree to coduties, and I am familiar with E.S. Or. if this document the limited liability company.	the registered e change(s) provided in
	Division of Corporations P.O FILING	. Box 6327 FEE: \$25.		see, FL 32314	