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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Capies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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D. SCOTT JAN 4 2019

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJ	Peak Pool Enterprise LLC			
	Nan	ne of Limited	Liability Company	
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to th	e following:	
Andr	re' Campbell		<u> </u>	2
	Name of Person			2818 [
Peal	k Pool Enterprise LLC		TÀLL À HÀSSE:	n 1 330 (
	Firm/Company		· ·	T C
7401	1 Wiles Rd Suite 325		Loade	P 0 31
	Address		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Cora	al Springs, FL 33067			
-	City/State and Zip Code			
acar	mp7@gmail.com			
	E-mail address: (to be used for future and	nual report no	tification)	
For fi	urther information concerning this matter	, please call:		
Andı	re' Campbell	954 at (_\ 461-7393	
	Name of Person	at (Area Code & Daytime Telephone N	lumber
	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	g 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.

Name of the limited liability company: Peak Pool E			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b)	
7401 Wiles Rd, Suite 325	7401 W	7401 Wiles Rd, Suite 325	
Coral Springs, FL 33067	Coral S	Springs, FL 33067	
11/26/2018	L180002	273382	
Date of filing/registration in Florida	4.	Document number	
Andre Campbell			
Registered Agent and Registered Office shown on the records	of the Florida Dept. of Sta	ate:	
Andre Campbell		15. 22	
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
7378 W.Atlantic Blvd #439		MIN DEC 14	
Margate	FL_33063	TALLAHASSIE F	
Andre Campbell		P 10: 31	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address	_	
Andre Campbell			
NEW Registered Office Address:		_	
7401 Wiles Rd, Suite 325		<u></u>	
Coral Springs	_{FL} 33067		
the limited liability company is not organized under the change or changes are made, the Florida street address in will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of the grature of a member or authorized representative of a member are ereby accept the appointment as registered agent and a visions of all statutes relative to the proper and complete obligations of my position as registered agent as proving the reflect a change in the registered office address, field in writing of this change.	of the registered offiliability company, it is of the limited liability confidence of the limited liability confidence of manager of the performance of middle of the liability can be performance of middle of the liability of th	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. pbell Printed or typed name of signee apacity. I further agree to comply with the values, and I am familiar with and acceptos. Its Cor. if this document is being file.	