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4 5/18/2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gene's Pool Clemin	Team, LLC. Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing
Please return all correspondence concerning this ma	
rease return an correspondence concerning this ma	atter to the following.
Billy Gene Enfinger Name of Person	
Gene's Pool Cleaning Firm/Company	<del></del>
21383 Southern Charm Dr. Address	
Land O Lakes, FL 34637 City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
Billy Gene Enfinger at	(813) 451-7544 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
INHST8 (2/14)	☐ \$55 Filing Fee & Certified Copy



RECEIVED

2022 MAY 10 AM 7:53

SECRE .. TO A DATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2022

**BILLY GENE ENFINGER** 21383 SOUTHERN CHARM DRIVE LAND O LAKES, FL 34637

SUBJECT: GENE'S POOL CLEANING TEAM, LLC

Ref. Number: L22000119426

We have received your document for GENE'S POOL CLEANING TEAM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 722A00008636

## 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.

a) 21383 Southern Charm Dr., Land Olakes, Fr 34	14637(b) (Same as Principle)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
21383 Southern Charm Dr.	21383 Southern Charm Dr.
Land O Lakes, FL. 34637	Land O Lakes, FL. 34637
Date of filing/registration in Florida	L22000119426
Date of filing/registration in Florida	4. Document number
Registered Agent and Registered Office shown on the records of the	
Registered Office Address (MUST BE FLORIDA STREET ADD	
66 21383 Southern Charm Dr. 5575 So	outh Semoran Blud. 36
Rolland Olakes Orlando FL	34637 66 32822 E N
b) Billy Gene Enfinger	2022 HAY
Enter name of NEW Registered Agent and/or NEW Registered Off	Office address:
21383 Southern Charm Dr.	PH 2:
NEW Registered Office Address:	2: 20 File
Land O Lakes , FL 3	34637
e limited liability company is not organized under the laws onge or changes are made, the Florida street address of the regit will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the	gistered office and the business office of the registered ility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided it
articles of organization or the operating agreement of the lim	integrationity company.
pricles of organization or the operating agreement of the lim	Billy Gene Enfinger  Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in swriting of this charge.

Signature of Registered Agent