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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC REGISTERED AGENT CHANGE ARCHLIGHT POOL SERVICE LLC

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FEB 0 9 2024

From: Registered Agents Inc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

To: 18506176383

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. N	ame of the limited liability company: ARCHLIGH	T POOL S	ERVICE LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	06/27/2022		L22000288484 Document number
3.	Date of filing/registration in Florida	4.	Cocament namber
5. (a)	UNITED STATES CORPORATION AGENT Registered Agent and Registered Office shown on the records of		
	476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	2
	JACKSONVILLE FI	L 32202	2024 FEB
(b)	No de la configuración de		<u> </u>
	7901 4th St N		PH 1:
	NEW Registered Office Address:		21
	STE 300		
	St. Petersburg , FI	<u>33702</u>	
the ch agent was/w the ari	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ews of the Sta of the register lability comp of the limited	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
1/2/	ature of a member or authorized representative of a member	Nat Sr	Printed or typed name of signee
I here provis the ob to mer	phy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I again writing of this change.	e performand ed for in Cha hereby confi	this capacity. I further garee to comply with the
Signali	Taylor Newman - Assistant Secretar	У	