6/14/2018

Division of Corporations

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(((H180001789983)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100093052 Phone : (888)705-7274 Fax Number -: (888)705-7274

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

Email Address:____

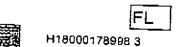
LLC REGISTERED AGENT CHANGE NATIONAL POOL ROUTE SALES, LLC

Certificate of Status	0	
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Estimated Charge	\$25.00	

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COVER LET

TO: Registration Section Division of Corporations

SUBJECT: NATIONAL POOL ROUTE SALES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo				
Name of Person				
Registered Agent Solutions, Inc.				
Firm/Company				
1701 Directors Blvd, Suite 300				
Address				
Austin, TX 78744				
City/State and Zip Code				
notices@rasi.com				
E-mail address: (to be used for future annu	al report notif	ication)		
For further information concerning this matter, p	please call:			
Mary Castillo	888 at (705-7274		
Name of Person	_ at (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 a	mount:			
☑ S25 Filing Fee	SSS Filing Fee & Certified Copy			

INHS18 (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.

1. Name o	f the limited liability company: NAT	IONAL PO	OL ROL	JTE SALES, LL	C.
2. (a)					
51 3	Principal office address of limited liability com (Nota: MUST BE STREET ADDRESS) NORTH BELCHER ROAD	pany:	(b) Mailing address of limited liability (Note: MAY BE POST OFFICE		
	FARMA	700		RTH BELCHER RO	AD
	ENITORIEN, PL 33	765 <u> </u>	CLEAR	RWATER, FL	33765
	12/2016		M1600	0005593	
3. 5. (a)	Date of filing/registration in Florida	4.		Document number	
INC Registe 1540	CORPORATING SERVICE CORPORATING SERVICE CORPORATING SERVICE CORPORATING SERVICE CORPORATING SERVICE CORPORATING SERVICE CORPORATION SERVICE CORPORATI	S. LTD. IN	1C		18 JUN 15
(b) Enter no	ame of NEW Registered Agent and/or NEW Re-	oluturand Office			
	stered Agent Solutions, inc.	erreith Outer 20	aress:		٦
NEW B	legistered Office Address:				
155 (Office Plaza Dr., Suite A				
Talla	hassee	FL 32301			
agent will be id was/were author the articles of d /s/ Trista Tor		ited liability co bers of the lim of the limited I	mpany, it is	and the dusiness office of hereby confirmed that the company or as otherwise many,	of the registered
Signature of It in	sember or authorized representative of a member		}	Printed As Board	
I hereby acceptovisions of all the obligations to merely reflect notified in writing	I the appointment as registered agent an il statutes relative to the proper and com of my position as registered agent as prefer a change in the registered office address of this change. Justine Karnell	nd agree to act splete performa ovided for in C sss, I hereby co	in this capac ncs of my du hapter 605, i nfirm that th	tity. I further agree to cutes, and I am familiar of F.S. Or, if this document it is a limited liability composed the composition of the compositi	omply with the with and accept it is being filed iny has been
authorize or Besit	tered Agent Assistant Secretary				
Heir (7/4)	Division of Corporations • F FILIN	P.O. Box 63276 NG FEE: \$25.0	Tallahasse 10	e, FL 32314	

INHS18 (2/14)