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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
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Office Use Only



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C. Course MAR 1 9 2007

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	BLUE HAVEN POOLS OF T					
	(Name of Corpo	ration)				
DOCU	MENT NUMBER: P000000	85193				
The end	closed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the	he following:				
	Sophy Keo	o				
	(Name of Contact	Person)				
	Charles Baclet and Ass	sociates. Inc.				
	(Firm/Compa					
		·				
	2030 Main Street, Suite 1030					
	(Address)					
	Irvine, CA 92					
	(City/State and Zi	p Code)				
For fur	ther information concerning this matter, please call:					
	Sophy Keo at (Name of Contact Person)	(800) 562-6439 (Area Code & Daytime Telephone Number)				
Enclose	ed is a \$35.00 check made payable to the Department	t of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Florid ed under the laws of the State of ed agent, or both, in the State of	of <u>Florida</u>		_		
1. The name of the	he corporation:	BLUE	HAVEN POOLS OF TAM	IPA, INC.				
	office address: 2273 N.							
3. The mailing ad	ddress (if different): 20	30 Main Street,	Suite 1030, Irvine, CA 926	514				
4. Date of incorp	oration/qualification:	9/8/2000	Document number:	P0000	0085193	3		
	street address of the cur		ent and registered office on file	with the				
	Согр	orate Creations	Network, Inc.					
	1136	0 Prosperity Far	ms Rd, #221E		07 SE TAL			
	Paln	n Springs Garde	ns, FL 33410		CRETI LAHA	MAR		
6. The name and (if changed):	street address of the nev	v registered agent ((if changed) and /or registered	office	CRETARY OF STATE AHASSEE, FLORIC	16 PM		
		NRAI Service	es, Inc.		STA!	မှာ ~		
		Executive Park	Drive, Suite 4		D (1)	2		
	(P.O.	Box NOT acceptable) Weston, FL	33331					
		e and the street ac	ddress of the business office of			nt,		
Such change wa authorized by th	s authorized by resolution in the board or the corrorate	on duly adopted to ion has been notified	by its board of directors or by fied in writing of the change.	[,] an officer	SO			
(Signal	(September Mipetor)	<u> </u>	Larry Katz, Pro			_		
I hereby deept I further agree to of my duties, and document is being corporation has	the appointment as region comply with the provid I am familiar with and any filed merely to reflect been notified in writing mature of Registered Agent)	sions of all statute d accept the oblige t a change in the l	agree to act in this capacity. es relative to the proper and ation of my position as regist registered office address, I he (Date)	complete p ered agent ereby confi	verforma ' Or, if i irm that i	nce this the		
	igan, Assistant Secret	ary						

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

APPROVES