P02000009931

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pool Team, Inc (Name of corporation)
DOCUMENT NUMBER: P0200009931
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael DeForest (Name of person)
Pool Team, Inc. (Name of firm/company)
3910 St. Johns Parkway
(Address)
Sanford, FL 32771
(City/state and zip code)
For further information concerning this matter, please call:
Teff Prutsman at (321) 689-1188 (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

1 m. 1 m.

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

	ons 607.0502 , 617.0502 , 607.1508 , or 617.1508 , Florida Statutes, this statement of ion organized under the laws of the State of $\boxed{ Florida}$ in order
	gistered agent, or both, in the State of Florida.
The name of the corporation:	Pool Team, Inc.
2. The principal office address:	3910 St. Johns Parkway
	Sanford, FL 32771
3. The mailing address (if different));
4. Date of incorporation/qualification	on: 1/22/2002 Document number: P0200009931
5. The name and street address of the Florida Department of State:	he current registered agent and registered office on file with the
	effrey D. Prutsman 1910 St. Johns Parkway BB & T Sanford, FL 32771
3	910 St. Johns Parkway B & 1
	Sanford, FL 32771 震。
6. The name and street address of the (if changed):	he new registered agent (if changed) and /or registered office
/	Michael L. DeForest
3	3910 St. Johns Parkway
	(P.O. Box or personal mailbox NOT acceptable) Sanford, FC 32771
The street address of its registered changed will be identical.	I office and the street address of the business office of its registered agent, as
	Solution duly adopted by its board of directors or by an officer so authorized by been potified in writing of the change.
An affice of an office of	John D. Prutsman, Presid
	ns registered agent and agree to act in this capacity, a provisions of all statutes relative to the proper and complete performance of my all accept the obligation of my position as registered agent. Or, if this document is unge in the registered office address, I hereby confirm that the corporation has ange.
(Signature of Registered	/2-/-03 Agent) (Date)
If signing on behalf of an entity:	
Michael L. DEFore. (Typed or Printed Nam	St (Capacity)
(Typed of Trinted Wall	* * * FILING FEE: \$35.00 * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314