

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TRUE BLUE POOL SUPPLY, INC.

Name of Corporation

DOCUMENT NUMBER: P02000017796

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:

Donald Schadt

Name of Contact Person

True Blue Pool Supply, Inc.

Firm/Company

2310 Tamiami Trail #1157

Address

Punta Gorda, FL 33950

City/State and Zip Code

ultradudedon@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David T. Oliver

941

205-1122

Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes tange is submitted for a corporation organized under the laws of the State of Florida		
	ler to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	The corporation: TRUE BLUE POOL SUPPLY, INC.		
	al office address: 2310 Tamiami Trail, #1157	 .	
	address (if different):		
4 Date of incor	rporation/qualification: 02/14/2002 Document number: P02000017		
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Kristen Peterson (Deceased)		
	2310 Tamiami Trail #1157		
	Punta Gorda, FL 33950		_
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office:		
	Donald Schadt	ت ب ھ	
	2310 Tamiami Trail #1157		
	P.O. Box NOT acceptable Punta Gorda, FL 33950		
The street addr as changed wil	ress of its registered office and the street address of the business office of its registed be identical.		
Such change w authorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer state board, or the corporation has been notified in writing of the change.	so	
Signan	Donald P Schad- Printed or typed name and title	<u>t</u>	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	If the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as reginest document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	istered ss, I	
3	gnature of Registered Agent 12-4-2018 Date	 -	
If signing on be	ehalf of an entity:		
	Typed or Printed Name		

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

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