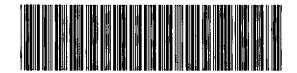
P02000105614

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





900254566349

12/26/13--01008--020 **35.00

78 BEC 26 PHII: 47

UEL U 6 ZUIT

COVER LETTER

TO: A

Amendment Section Division of Corporations

SUBJECT: Executive Swimming Pools, Inc

Name of Corporation

DOCUMENT NUMBER

P02000105614

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:

D. Michael Clouse, Jr

Name of Contact Person

Executive Swimming Pools, Inc

Firm/Company

1702 Pt Pleasant Ave W

Address

Bradenton, FI 34205

City/State and Zip Code

mike.clouse@executiveswimmingpools.com

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

For further information concerning this matter, please call:

D. Michael Clouse, Jr.

,704 \302·

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 change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Executive Swimming Pools, Inc
2. The principal office address: 6009 Pinewood Ct
Weddington, N. C. 28104
3. The mailing address (if different):
4. Date of incorporation/qualification: Sept 27, 2002 Document number: P02000105614
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
David M. Clouse
1702 Pt Pleasant Ave W
Bradenton, FI 34205
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
D. Michael Clouse, Jr
1702 Pt Pleasant Ave W
P.O. Box NOT acceptable Bradenton, FI 34205
The street address of its registered office and the street address of the business office of its registered agent; as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
D. Michael Clouic Jo Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
D-Mall Clark Signature of Registered Agent 12/17/13 Date
If signing on behalf of an entity:
D. Michael Classe Jr. Typod or Printed Name

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