PD3000112441

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	(Address)			
	(City/State/Zip/Phone #)			
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	(Business Entity Name)			
(Document Number)				
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10.10.14

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: CUSTOM POOL & SPA MECHANIC	CS, INC.			
Name of Corporat	tion			
DOCUMENT NUMBER: P03000112441				
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	following:			
ANTHONY C. SOVIERO				
Name of Contact Person				
ANTHONY C. SOVIERO, ATTORNEY AT LAW				
Firm/Company				
1025 W. INDIANTOWN RO	AD, SUITE 106			
Address	· · · · · · · · · · · · · · · · · · ·			
JUPITER, FL 33458				
City/State and Zip Code				
dmainc@gate.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ANTHONY C. SOVIERO	561 278-0098			
Name of Contact Person at (Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of	of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

Pursuant to the provisions of sect statement of change is submitted in order to change its re	for a corporation orga		State of FLORIDA
		OL & SPA MECHANI	·
 The name of the corporation: The principal office address: 			, PALM CITY, FL 3499
3. The mailing address (if different	nt):		
4. Date of incorporation/qualifica	ition:	Document number:	P03000112441
5. The name and street address of Florida Department of State: (1	f the current registered	agent and registered office of	
KENNETH	A. NORMAN		
2400 SE F	EDERAL HIGHV	WAY, 4TH FLOOR	
STUART,	FL 34994		4 PCT -2 ————————————————————————————————————
6. The name and street address of (if changed):	the new registered age	ent (if changed) and /or regis	المساري المنابع
ANTHONY	C. SOVIERO, E	Esq.	
1025 W. IN	NDIANTOWN RO	DAD, STE 106	
ILIDITED	P.O. Box NO	T acceptable	
	, FL 33458		
The street address of its registere as changed will be identical.	ed office and the street	t address of the business off	fice of its registered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopte orporation has been no	d by its board of directors of otified in writing of the char	or by an officer so nge.
Lance Cal	Paro	LAWRENCE CALA	ARCO
Signature of an officer or direc		Printed or typed na	
I hereby accept the appointment I further agree to comply with the performance of my duties, and I agent. Or, if this document is be hereby confirm that the corporations.	as registered agent and provisions of all states am familiar with and being filed merely to restion has been notified	nd agree to act in this capac tutes relative to the proper accept the obligation of my flect a change in the register in writing of this change.	city. and complete position as registered red office address, I
		8-26-1	~
Signature of Registered Ag	gent	Date	_
If signing on behalf of an entity:			
ANTHONY C. SOVIER	0		
Typed or Printed Name			

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