## PD3000144827

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000253948590

12/09/13--01032--007 \*\*35.00

13 DEC 23 PH 1: 34

KAling

10/12/30/13

## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

**IBJECT.** Sunshine Pool Builders 2, Inc.

Name of Corporation

DOCUMENT NUMBER, P03000144827

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:

Kimberly Doolittle

Name of Contact Person

Sunshine Pool Builders 2, Inc.

Firm/Company

1200 N.W. 120th. Ave.

Address

Ocala, Fl. 34482

City/State and Zip Code

ddoolittle2@cfl.rr.com

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

For further information concerning this matter, please call:

Kimberly Doolittle

,,352 \239

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





## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2013

KIMBERLY DOOLITTLE SUNSHINE POOL BUILDERS 2 INC. 1200 N.W. 120TH AVE. OCALA, FL 34482

SUBJECT: SUNSHINE POOL BUILDERS 2 INC.

Ref. Number: P03000144827

We have received your document for SUNSHINE POOL BUILDERS 2 INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

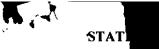
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 013A00028434

HELLIVED 3 BEC 23 AM 8: 16 Physical Strengths



## T OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Sunshine P	ool Builders 2, Inc.	
2. The principal	office address: 1200 N.W. 1 orida 34482	I20th. Ave	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12 / 3/	2003 Document number: P 03000144827	_
	I street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	
	David Doolittle, J Sr.		
	1200 N.W. 120th. Ave.	•	
	Ocala, Fl. 34482		
6. The name and (if changed):	I street address of the new regist Kimberly Doolittle	D. Box NOT acceptable	17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	1200 N.W. 120th. Ave	D. Box NOT acceptable	( S 0% 2/15)
	Ocala, Fl. 34482	ي ي	::
The street address changed will	ess of its registered office and t be identical.	he street address of the business office of its registered agent,	
Such change	as authorized by resolution duly	y adopted by its board of directors or by an officer so seen notified in writing of the change.	
Signati	ire of an officer or director	David Doolittle, J. Sr. President  Printed or typed name and title	
I hamahu aggant	the appointment as varietaxed	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I notified in writing of this change.	
Tam	patule of Registered Agents  chast of an entity:	December 3, 2013	
Kimber	ty Dooli Hle  Sped or Printed Name	<del>_</del>	

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