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• (R	equestor's Name)
. (A	ddress)
(A)	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pointer Pools à Spas, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO400054561
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:
Pointer Pools & Spas Inc
7455 Ridge Rd (Address) Parasota FU 34238 (City/State and Zip Code)
For further information concerning this matter, please call: (Name of Contact Person) at (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
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 7455 Ridge Rd
3. The mailing address (if different): SAA
4. Date of incorporation/qualification: Document number: P0400054561
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Dustin Fainter 7455 Ride Rd (P.O. Box NOT acceptable) Saras of a FL 34238
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. (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. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my fluties, 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 alchange in the registered office address, I hereby confirm that the corporation has been norified in writing of this change. (Signature of Registered Agent) If signing on behalf of an entity:
n signing on behalf of all chitty.
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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