P0400089502

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	⇒ #)
PICK-UP	WAIT	, MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	
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Office Use Only



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SECRETARY OF STATE TALL AHASSEE, FLORIDA

..APPROVEU AND FILED

G. Coulliste MAR 1 9 2007





March 12, 2007

Via First Class Mail

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee FL 32314

RE: Change of Agent forms

Attached please find the change of agent forms for the following entities:

B H S B, Inc.
Blue Haven Pools of Tampa, Inc.
Blue Haven Pools of West Palm Beach Inc.
WPBBH, Inc.

Also please find the appropriate checks to cover your filing fees.

Please process as soon as possible and return a filed stamped copy of each in the enclosed self-addressed stamped envelopes.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Sophy Keo

Enclosures

COVER LETTER

то:	Amendment Sec Division of Cor					
SUBJ	ECT:	B H S B, II				
		(Name of C	orporatio	n)		
DOCU	JMENT NUMBE	ER:P040	0000895	02		
The er	nclosed Statement	of Change of Registered Office	e/Agent a	and fee are submitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the fo	llowing:		
	•	Ü		<u> </u>		
	Sophy Keo					
		(Name of Co	ntact Pers	son)		
		Charles Baclet and	d Associ	ates, Inc.		
		(Firm/Co	ompany)			
		2030 Main Stro	-	2 1030		
		(Add	ress)			
	<u></u>	Irvine, C				
		(City/State a	-	ode)		
For fu	rther information	concerning this matter, please	call:			
	S	ophy Keo	at (800 \ 562-6439		
		f Contact Person)	— " (A	800) 562-6439 rea Code & Daytime Telephone Number)		
Enclos	sed is a \$35.00 ch	eck made payable to the Depart	tment 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the	he corporation: B H S B, INC.		
2. The principal	office address: 2273 N. Penn Road, Hatfield, PA 19440		
3. The mailing ac	ddress (if different): 2030 Main Street, Suite 1030, Irvine, CA 92614		
4. Date of incorp	poration/qualification: 6/8/2004 Document number: P04000089	04000089502	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:		
	Corp Creations Network, Inc.		
	11360 Prosperity Farms Rd, #221E		_
	Palm Beach Gardens, FL 33410	ECRE	/ MAR TO
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	CRETARY OF AHASSEE, F	10 111
	NRAI Services, Inc.	FLO	Ç
	2731 Executive Park Drive, Suite 4	RIC	
	(P.O. Box NOT acceptable)	<i></i>	
	Weston, FL 33331		
The street addre as changed will	ss of its registered office and the street address of the business office of its registered be identical.	agent,	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.		
No.	Larry Katz, President		
I hereby accept I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete perfo d I am familiar with and accept the obligation of my position as registered agent. On ng fild merely to reflect a change in the registered office address, I hereby confirm to bleen notified in writing of this change.	rmance r if this hat the	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nature of Registered Agent) 3/9/2007 (Date)		
√ If signing on bel	half of an entity:		

Paul J. Hagan, Assistant Secretary

(Typed or Printed Name)

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

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

CR2E045 (8/05)