

P04000171007

(Requestor's Name)

A + Pools of Florida, Inc
3690 23rd Ave SW
Naples, FL 34117

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

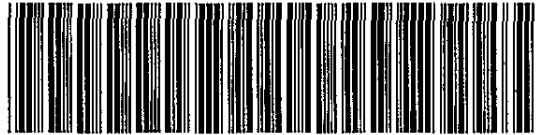
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 1, 2005

A + POOLS OF FLORIDA, INC.
3690 23RD AVE., SW
NAPLES, FL 34117

SUBJECT: A + POOLS OF FLORIDA, INC.
Ref. Number: P04000171007

We have received your document for A + POOLS OF FLORIDA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 805A00014218

RECEIVED
05 MAR 24 AM 9:53
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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: A + Pools of Florida, Inc.
2. The principal office address: 4427 Exchange Ave. Suite 3
Naples, FL 34104
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/10/2005 Document number: PO4600171007

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert Krantz
3831 Snowflake Ln.
Naples, FL 34112

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Krantz
3690 23rd Ave. S.W.
(P.O. Box NOT acceptable)
Naples, FL 34117

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

Robert Krantz President
(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 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.

[Signature]
(Signature of Registered Agent)

2/20/2005
(Date)

If signing on behalf of an entity:

(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