

PO4000173436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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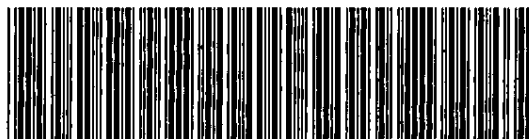
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
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10 MAR 22 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/24/10  
RFP

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Swim Gym Aquatics, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P04000173436

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:

Jennie Strauss  
Name of Contact Person

Swim Gym Aquatics, Inc  
Firm/Company

9800 SW 71 Avenue  
Address

Miami/FL 33156  
City/State and Zip Code

swimgym@swimgym.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennie Strauss at ( 305 ) 2731129  
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

**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: Swim Gym Aquatics, Inc
2. The principal office address: 9800 SW 71 Avenue, Miami, FL 33156
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/30/2004 Document number: P04000173436

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fowler White Burnett, PA

1395 Brickell Ave. 14th Floor

Miami, FL 33131 USA

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

Samole, Berger Hicks, PA

9700 South Dixie Highway, Suite 1030

P.O. Box NOT acceptable

Miami, FL 33156, USA

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.

Jennie Strauss  
Signature of an officer or director

Jennie Strauss, Vice 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.

Myron M. Samole  
Signature of Registered Agent  
Myron M. Samole

March 17, 2010

Date

If signing on behalf of an entity:

SAMOLE, BERGER & HICKS, P.A

by: MYRON M. SAMOLE

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)

10 MAR 22 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED