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## Certificates of Status

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** QUALITY CUSTOM POOLS INC

Name of Corporation

**DOCUMENT NUMBER:** P05000093727

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABRAHAM GONZALEZ

Name of Contact Person

QUALITY CUSTOM POOLS INC

Firm/Company

6057 POMPANO STREET

Address

FT MYERS, FL 33919

City/State and Zip Code

ABRAHAM@QLTYPOOLS.COM

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

For further information concerning this matter, please call:

Abraham Gonzalez

Name of Contact Person

at ( 239 ) 540-4005

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**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: QUALITY CUSTOM POOLS INC
2. The principal office address: 6057 POMPANO STREET  
FT. MYERS, FL 33919
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/01/2005 Document number: P05000093727

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)

ARANDA, JOSE

6057 POMPANO STREET

FT. MYERS, FL 33919

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

GONZALEZ, ABRAHAM


6057 POMPANO STREET

P.O. Box NOT acceptable

FT. MYERS, FL 33919

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

ABRAHAM GONZALEZ, PRES.

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 of Registered Agent

07/23/09

Date \_\_\_\_\_

If signing on behalf of an entity:

ABRAHAM GONZALEZ

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  
CR2F045 (8/05)