

PO6000016519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

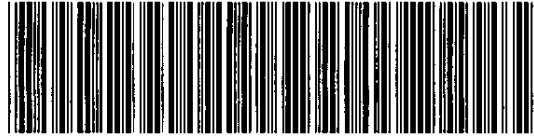
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200152687152

04/30/09--01010--018 \*\*35.00

FILED  
09 APR 29 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RAPO  
5/6/09  
TL

SENT 4.27

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PERFECT POOL & SPA SERVICE INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000016519

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:

LEO SANTA CROCE  
(Name of Contact Person)

PERFECT POOL & SPA SERVICE INC.  
(Firm/Company)

6321 APPROACH RD # 1F  
(Address)

SARASOTA FL 34238  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEO SANTA CROCE at 941 504 0847  
(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: PERFECT POOL & SPA SERVICE INC.
2. The principal office address: 6321 APPROACH RD. # 1F  
SARASOTA, FL. 34238
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 2 2 06 Document number: P06000016519
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)

MARCUS SKINNER  
1135 VILLAGIO CIR #207  
SARASOTA, FL. 34237

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

LED SANTACROCE  
6321 APPROACH RD. # 1F  
(P.O. Box NOT acceptable)  
SARASOTA, FL. 34238

FILED  
09 APR 29 PM 1:20  
SECRETARY OF STATE  
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)

LED SANTACROCE / 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]  
(Signature of Registered Agent)

4.27.09  
(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