## P06000018007

(Re	equestor's Name)	
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## **COVER LETTER**

Amendment Section Division of Corporations
SUBJECT: TUPINITE POOL SOLUTIONS INC. (Name of Corporation)
DOCUMENT NUMBER: POGOOG 18007
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:
DAVID BEIL (Name of Contact Person)
IVFINITE POOL SOLUTIONS INC. (Firm/Company)
14109 C005A CT. (Address)
CLERMONT, FL. 34711 (City/State and Zip Code)
For further information concerning this matter, please call:
David BELL at (352) 241-9567 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

2.00 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: Turinte Pod Solutions Inc.
2. The principal office address: 14109 COOSA COURT, CLERMONT, FL
3471
3. The mailing address (if different): SamE
4. Date of incorporation/qualification: 02/03/2006 Document number: PO 60000 1800*
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DAUID BELL
1306 N. JACKS LAKE ROAD
CLERMONT, FL 34911 ZX S
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed);
DAVID BELL
14 69 COORT PP = F
CLERMOUT, FL. 34711
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 of director)  David BEAL PRESTORUT  (Printed or tyrical 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)  7-23-07 (Date)
If signing on behalf of an entity:
DAVID BELL
(Typed or Printed Name)

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

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