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COVER LETTER

TO: Amendment Section **Division of Corporations** DAS Fre. SUBJECT Corporati 06000106805 **DOCUMENT NUMBER:**

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:

ANDER heek NC. Fort

For further information concerning this matter, please call:

at (<u>239</u>)<u>332~44/2</u> (Area Code & Daytime Telephone Number) SUE Name of Contact Person)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

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

1. The name of the corporation: QuALity Pools And Spas Inc.
2. The principal office address: 7290 Lizestwood Acres
FORT Myers, FL 33905
3. The mailing address (if different): 7290 Westwood Ackes (change)
FORT Myers FL 33905
4. Date of incorporation/qualification: 8-11-06 Document number: P06000106805
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Rahoh VANderbeek

ALIBU LAKE CIRCLE #1422 FL. 34119

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

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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)

(Printed or typed name and title)

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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 my function of this change.

Registered Agent)

If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 26045 (8/05)

CR2E045 (8/05)