

P07000005684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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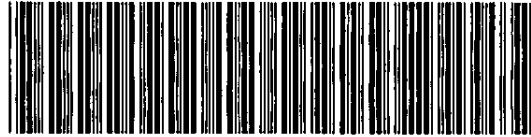
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R0/chg
@ 11/21/13

RT ACCOUNT # 2763470
FEIN # 20-8254216

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE OF ADDRESS
Name of Corporation

DOCUMENT NUMBER: 1

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:

LUCA BERTOLI

Name of Contact Person

NEIGHBORHOOD POOL SVC + REPAIR

Firm/Company

5710 N.W. 74TH PLACE APT 105 COCONUT CREEK INC
Address

FL 33073

COCONUT CREEK FL

City/State and Zip Code

LD.BERTOLI@GMAIL.COM

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

For further information concerning this matter, please call:

LUCA BERTOLI

Name of Contact Person

at (561) 843 6874

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: NEIGHBORHOOD POOL SVC & REPAIR INC
2. The principal office address: 5710 N.W. 74TH PLACE APT # 105
COCOanut CREEK FL 33073
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11/12/2007 Document number: P07000005684
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)

LUCA BERTOLI
16647 67TH CT NORTH
COXAHATCHEE FL 33470

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

LUCA BERTOLI
5710 N.W. 74TH PLACE APT 105
COCOanut CREEK FL 33073

P.O. Box NOT acceptable

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.

Luca Bertoli

Signature of an officer or director

LUCA BERTOLI

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.

Luca Bertoli

Signature of Registered Agent

11-15-2013

Date

If signing on behalf of an entity:

LUCA BERTOLI

Typed or Printed Name

LUCA BERTOLI *** FILING FEE: \$35.00 ***

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