

FD 7000012610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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RA Chang
9.26.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clarity Pools of Central Florida Inc.

Name of Corporation

DOCUMENT NUMBER: P07000012610

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:

Cory Imlay

Name of Contact Person

Clarity Pools of Central Florida Inc.

Firm/Company

PO Box 520036

Address

Longwood/FL 32752

City/State and Zip Code

admin@claritypoolsfl.com

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

For further information concerning this matter, please call:

Cory Imlay

Name of Contact Person

at (407) 466.2710

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2012

CORY IMLAY
CLARITY POOLS OF CENTRAL FLORIDA INC
POST OFFICE BOX 520036
LONWOOD, FL 32752

SUBJECT: CLARITY POOLS OF CENTRAL FLORIDA INC
Ref. Number: P07000012610

We have received your document for CLARITY POOLS OF CENTRAL FLORIDA INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 812A00023027

RECEIVED
12 SEP 21 AM 10:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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 Statute, 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: Clarity Pools of Central Florida Inc.
2. The principal office address: 3412 Whippoorwill Ct., Sanford FL 32773
3. The mailing address (if different): PO Box 520036, Longwood FL 32752

4. Date of incorporation/qualification: 01/26/2007 Document number: P07000012610

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)

BizFilings

8040 Excelsior Drive Suite 200

Madison WI 53717

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

Cory Imlay

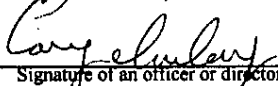
3412 Whippoorwill Ct.

P.O. Box NOT acceptable

Sanford FL 32773

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

Cory Imlay/President

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

09/17/12

Date

If signing on behalf of an entity:

Cory Imlay

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

CR2E045 (03/12)