

P07000030611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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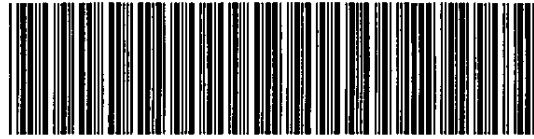
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAC M CM
5-29-07

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Classic Pool Service, Inc.

DOCUMENT NUMBER: P07000030611

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Epifanio
(Name of Contact Person)

(Firm/ Company)

16 Heritage Way
(Address)

Naples, FL 34110
(City/ State and Zip Code)

For further information concerning this matter, please call:

Joseph Epifanio at (239) 825-6161
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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: Classic Pool Service, Inc.
2. The principal office address: 16 Heritage Way
Naples, FL 34110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/8/07 Document number: P07000030611

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joseph Epifanio
16 Heritage Way
Naples, FL 34110

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

John Bolan
875 102ND Ave. N.
(P.O. Box NOT acceptable)
Naples, FL 34108

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)

Joseph Epifanio
(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)

5/18/07
(Date)

If signing on behalf of an entity:

John Bolan
(Typed or Printed Name)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA