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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BCI Pools, Inc. Name of Corporation
DOCUMENT NUMBER: POSOODIO1223
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:
George Sammet  Name of Contact Person
BCT Pools Inc.
12244 Treeline Avenue #9
Fort Myers, FL 33913 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Sammet  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  Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BCI Pools, Inc.
2. The principal office address: 12244 Treeline Avenue #9
Fort Myers, FL 33913
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/12/08 Document number: P08000/0/223
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)
Mary Sammet
4604 Little River Lane
Mary Sammet  4604 Little River Lane  Fort Myers, FL 33905
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
George Sammet  4604 Little River Lane  P.O. Box NOT acceptable
P.O. Box NOT acceptable
Fort Myers, FL 33905
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.
MARY C Samuel Prosider
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.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.  On the proper and complete performance of my position as registered agent.
If signing on behalf of an entity:
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 \* \* \*

CR2E045 (03/12)

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