D08000106847

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

11.11

	A.M. Dool and Cod	Conject to				
SUBJECT:	Name of Corporation					
DOCUMENT NUM	UMBER: P08000106847					
The enclosed Stateme	ent of Change of Registered Offic	e/Agent and fee are submitted for filing.				
Please return all corre	espondence concerning this matte	r to the following:				
	Ashley	Morse				
Name of Contact Person						
A.M. Pool and Spa Service, inc.						
_	Firm/Company					
8589 Nashua Dr.						
·· , , 	Address					
<u> </u>	Palm Beach Gardens, FL 33418					
City/State and Zip Code						
	service@yoursu	nshinepool.com				
E-mail address: (to be used for future annual report notification)						
For further information	on concerning this matter, please	call:				
,	Ashley Morse	at (561) 301-7845				
	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00	check made payable to the Depar	tment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
	i alianassee. PL J2J14	2001 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	inge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Sta	te of Florida
	the corporation: A.M. For office address: 8589 N		ervices, Inc. m Beach Gardens, FL	. 33418
3. The mailing a	ddress (if different): SA	ME		
4. Date of incorp	poration/qualification:	12/8/2008	Document number:	P08000106847
	I street address of the curtiment of State: (If resignate		nt and registered office on f	file with the
	CORPORATION S	ERVICE COM	PANY	
	1201 HAYS STREI	ET TALLAHAS	SEE FL 32301 US	ZINO NOV
6. The name and (if changed):	street address of the nev		if changed) and /or register	LP no.
	7777 N. University		· · · · · · · · · · · · · · · · · · ·	ANDA
The street addre	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,
Such change wa	s authorized by resoluti	on duly adopted b	y its board of directors or ied in writing of the chang	by an officer so
1820	reof an officer or director		Ashley Mors	e, Director
I hereby accept I further agree t of my duties, an document is bei corporation has Sign	•	stered agent and a sions of all statute l accept the obliga t a change in the r g of this change.	agree to act in this capacities relative to the proper antion of my position as registered office address, I	
_	ynda Beanjamin			
	yped or Printed Name			

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