

PO90000 14263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

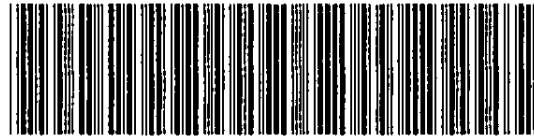
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A
E. DENNARD
7/12/10

JULY 14, 2010.

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

DOCUMENT NUMBER: P09000014363

CORPORATION: JAS POOL SERVICE INC.

I WOULD LIKE TO CHANGE MY ADDRESS:

OLD ADDRESS:

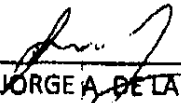
12959 PENNY PACKER TRAIL # 12
WELLINGTON FL 33414.

NEW ADDRESS:

13738 BOTTLEBRUSH CR
WELLINGTON FL 33414

IF YOU HAVE ANY QUESTIONS PLEASE CALL AT (561) 541-3596.

THANK YOU.


JORGE A. DE LA CRUZ