

P09000067557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

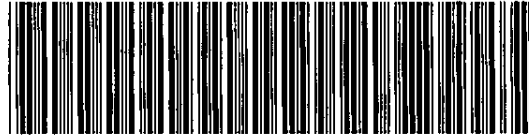
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 JAN 29 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
1/30/15

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COUNTYWIDE POOL SERVICES, INC.  
Name of Corporation

DOCUMENT NUMBER: PO9000067557

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:

MANUEL EGUED

Name of Contact Person

COUNTYWIDE POOL SERVICES, INC.

Firm/Company

9622 SW 72<sup>ND</sup> STREET

Address

MIAMI FL 33173-3250

City/State and Zip Code

MANNY @ COUNTYWIDE POOLS. NET

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

For further information concerning this matter, please call:

MANUEL EGUED

Name of Contact Person

at ( 786 ) 619-7981

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

**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: COUNTYWIDE POOL SERVICES, INC.
2. The principal office address: 9622 SW 72<sup>ND</sup> STREET  
MIAMI FL 33173-3250
3. The mailing address (if different): 9622 SW 72<sup>ND</sup> STREET  
MIAMI FL 33173-3250
4. Date of incorporation/qualification: AUGUST 10, 2009 Document number: P09000067557
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)

MANUEL EGUED

9509 SW 72<sup>ND</sup> STREET

MIAMI FL 33173

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

MANUEL EGUED

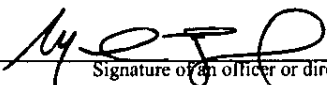
9622 SW 72<sup>ND</sup> STREET

P.O. Box NOT acceptable

MIAMI FL 33173-3250

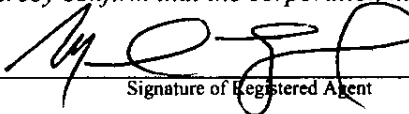
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

MANUEL EGUED  
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

1/22/2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)