P09000088919

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
•
·

Office Use Only



700214847077

01/26/12--01022--011 **35.00

2012 JAN 26 AM 8: 55

R.A

JAN 2 7 2012 T. BROWN

COVER LETTER

Division of Corporations
SUBJECT: A-F-A-B POOL Service Inc. Name of Corporation
DOCUMENT NUMBER: P0900088919
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:
Edward Adams Name of Contact Person
A-F-A-B Pool Service, Inc.
130 High St. Address
Winter Haven, FL 33880 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edward Adams at (863) 514-0322 Name of Contact Person 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

TO:

Amendment Section

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 Ployida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A-F-A-B POOL Service, Inc.
2. The principal office address: 130 High St.
Winter Haven, FL 33880
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/30/09 Document number: P09000088919
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)
Edward Odams
442 Avenue F. S.E.
141. 11 1/2/ 27006
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
130 High St.
Winter Haven, FL 33880
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.
Edward Hdams Signature of an officer or director Edward Hdams 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.
Educard Ador 1-24-12 Signature of Registered Agent Date
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 * * *