

PO9000089225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

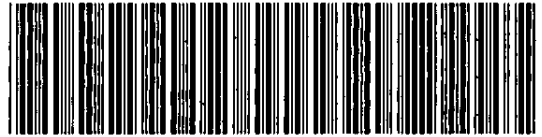
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B.A.

TB

DEC - 7 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aqua Clarity Pool service inc
Name of Corporation

DOCUMENT NUMBER: P09000089225

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:

Brian Kondenar
Name of Contact Person

Aqua Clarity Pool service inc.
Firm/Company

3780 NW 58 ST
Address

COCONUT CREEK FL. 33073
City/State and Zip Code

brianKondenar@BellSouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Kondenar at (501) 719-0083
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2009

BRIAN KONDENAR
AQUA CLARITY POOL SERVICE INC.
3780 NW 58 ST
COCONUT CREEK, FL 33073

SUBJECT: AQUA CLARITY POOL SERVICE INC.
Ref. Number: P09000089225

We have received your document for AQUA CLARITY POOL SERVICE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 109A00035850

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Agua Clarity Pool service inc.
2. The principal office address: 3780 NW 58 ST
COCONUT CREEK FL. 33073
3. The mailing address (if different): _____
4. Date of incorporation/qualification: OCT 28, 2009 Document number: P09000089225
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)

United States Corporation Agents inc.
13302 Winding OAKS Blvd A-100
TAMPA FL. 33612

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

Brian Kondenar
3780 NW 58 ST
COCONUT CREEK FL. 33073

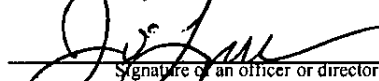
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Jose Cajigas, President
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

11-21-09
Date

If signing on behalf of an entity:

Brian Kondenar
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 (8/05)