

PO9000089831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

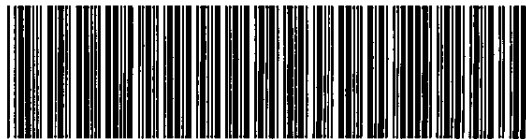
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -7 PM 6:07

FILED

DEC 10 2014  
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

MICHELE SUJAT DASILVA  
2709 OAK ALLEY DR  
FORT PIERCE, FL 34981

SUBJECT: DASILVA'S POOL SERVICE, INC.  
Ref. Number: P09000089831

We have received your document for DASILVA'S 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 915A00024878

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DaSilvas Pool Service, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** PD9000089831

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:

Michele Sujat-DaSilva  
Name of Contact Person

DaSilva's Pool Service  
Firm/Company

2709 Oak Alley Drive  
Address

Fort Pierce FL 34981  
City/State and Zip Code

michelelille73@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

michele Sujat-DaSilva at (772) 873-5607  
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

**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: Dasilva's Pool Service, Inc.
- 2. The principal office address: 2709 Oak Alley Drive  
Fort Pierce, FL 34981
- 3. The mailing address (if different): Same
- 4. Date of incorporation/qualification: 11/10/2008 Document number: PO9000089831
- 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)

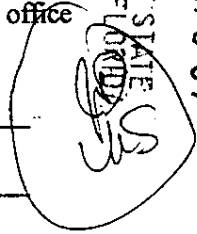
*Old Address:*

326 NW Camrose St  
Port St. Lucie, FL 34983

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

*New Address:*

Jose Dasilva  
2709 Oak Alley Drive  
P.O. Box NOT acceptable  
Fort Pierce, FL 34981



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FILED

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]  
Signature of an officer or director

Michele Sujat - Dasilva  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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