P10000087107

(Re	questor's Name)	<u> </u>
(Ad	dress)	<u> </u>
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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APR 14 2017

T. LEMIEUX



March 8, 2017

PALM BEACH DESIGNER POOLS, INC. 1900 SW BELGRAVE TERRACE STUART, FL 34997 US

SUBJECT: PALM BEACH DESIGNER POOLS, INC.

Ref. Number: P10000087107

Our records indicate the registered agent for the above named corporation resigned on January 30, 2017 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Gary Blankenbaker Document Specialist Division of Corporations

Letter number: 317A00004411

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 Floer
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PAIN Beach DeSignel Pools Juc
2. The principal office address: 1900 S.W. Belarave terr-
Stund FL 34997
3. The mailing address (if different): 1900 S.W. Relgrave term
Stuart
4. Date of incorporation/qualification: Document number: P1000087107
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)
1/30/1790sigual Delive 10doRos
1900S.W. Belgrave fer.
Studet F1 34997
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Empute Todokov 500 = 1
MOD S. W. Boloway - Land
P.O. Bex NOT acceptable
Stuart El 34997
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.
authorized by the board of the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Printed or typed name and title
Signature of an officer or director Thereby accept the appointment as registered agent and agree to act in this capacity.
I further garee to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and Lam 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 corpyration has been notified in writing of this change.
ner coy confirm their imposipal align has been notified in writing of this change.
1/28/17
Signature of Registered Agent
If signing on behalf of an entity:
EMANUEL /ODOROV
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
CR2E()45 (03/12)