P10000093275

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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Priority Pool Tile Inc Name of Corporation
DOCUMENT NUMBER: P100000093275
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:
Clifford Peterson
Name of Contact Person
Priority Pool Tile Inc
Firm/Company
1967 Corporate Square
Address
Longwood, FL 32750
City/State and Zip Code
cliff.prioritypool@gmail.com
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cliff Peterson at (321-363-631) The state of the state
Cliff Peterson at (321-363-631)
Name of Contact Person Area Code & Daytime Telephone Number
FA S

Mailing Address: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Enclosed is a \$35.00 check made payable to the Department of State.

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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: Priority Pool Tile Inc
2. The principal office address:
3. The mailing address (if different): 1967 Corporate Square Longwood, FL 32750
4. Date of incorporation/qualification: 11/15/2010 Document number: P10000093275
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)
Peterson, Clifford
50 Richmond Dr
New Smyrna Beach, FL 32169
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Peterson, Clifford ZA
Peterson, Clifford 1967 Corporate Square P.O. Box NOT acceptable Longwood, FL 32750 P.O. Box NOT acceptable C.C. C.
P.O. Box NOT acceptable
Longwood, FL 32750
The street address of its registered office and the street address of the business office of its registered agents 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.
CLIFFUND PETENSON
Signature of an officer of diffector 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 performan of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if th document is being filed merely to reflect a change in the registered office address, I hereby confirm that th corporation has been notified in writing of this change.
10/23/24
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name * * * FILING FEE: \$35.00 * * *