

P110000008269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL AMERICAN POOLS INC  
Name of Corporation

**DOCUMENT NUMBER:** P11000008269

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:

GARY WILLIAMS  
Name of Contact Person

ALL AMERICAN POOLS INC  
Firm/Company

5 KELLY WAY  
Address

VALPARAISO, FL 32580  
City/State and Zip Code

ALLAMERICANPOOLSINC@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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14 AUG 27 PM 2:23  
TALLAHASSEE, FL  
SECRETARY OF STATE

For further information concerning this matter, please call:

GARY WILLIAMS at ( 805 ) 240-3141  
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

August 6, 2014

GARY WILLIAMS  
ALL AMERICAN POOLS INC.  
5 KELLY WAY  
VALPARAISO, FL 32580

SUBJECT: ALL AMERICAN POOLS INC.  
Ref. Number: P11000008269

*CORRECTIONS  
ENCLOSED*

We have received your document for ALL AMERICAN POOLS 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):

According to our information the current registered agent is listed as United States Corporation Agents, Inc. Please correct your application accordingly.

The registered agent must sign accepting the designation.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 914A00016300

RECEIVED

14 AUG 27 AM 11:11

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: ALL AMERICAN POOLS INC
2. The principal office address: 5 KELLY WAY  
VAL PARADISO, FL 32580
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JAN 25, 2011 Document number: P11000008269
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 SUITE A

TAMPA, FL 33612

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

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

GARY WILLIAMS 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

8/18/14

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Dan Keen-President

\_\_\_\_\_  
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 (03/12)