

P11000060414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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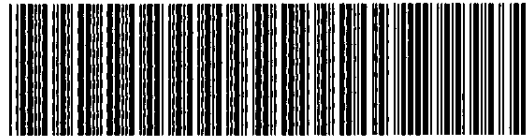
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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Tewks
9-21-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Matrix Pool Construction Inc
Name of Corporation

DOCUMENT NUMBER: P11000060414

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:

Timothy Leatherman
Name of Contact Person

Matrix Pool Construction
Firm/Company

905 Iris Drive
Address

North FT Myers FL, 33903
City/State and Zip Code

tim.leatherman1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Leatherman at (239) 895-2521
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Matrix Pool Construction, Inc.
2. The principal office address: 15804 Brothers Court unit 8 Ft Myers FL, 33912
3. The mailing address (if different): 905 Iris Drive North Ft Myers FL, 33903
4. Date of incorporation/qualification: July 7th 2011 Document number: P11000060414
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)

Filings Inc

3732 N.W. 16th St. FT Lauderdale FL, 33311

Teresa Roman (Resigned)

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

Timothy Leatherman

15804 Brothers Court unit 8 Ft Myers FL, 33912

P.O. Box NOT acceptable

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.

Timothy Leatherman
Signature of an officer or director

Timothy Leatherman
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.

Timothy Leatherman
Signature of Registered Agent

September 2nd 2011
Date

If signing on behalf of an entity:

TIMOTHY LEATHERMAN
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)

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