## 911000063916

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Duning and Entitle Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openiar mendenorie to t ming officer.

Office Use Only



100224448961

03/20/12--01014--005 \*\*35.00

M/ Dw Forg

12 MAR 20 PM, 1: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 2 3 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: POU	L SOURCE SERVICES, INC
DOCUMENT NUMBEI		1000063916
The enclosed Articles of	Amendment and fee are su	ubmitted for filing.
Please return all correspo	ndence concerning this ma	atter to the following:
		1 AYUSWARTH
<del></del>		Name of Contact Person
	POOL	
		Firm/ Company
	4195	TANIGMI TRAKS
	,	Address UN17 169
_	VE1570	City/ State and Zip Code
	<b>a</b> v: <b>a</b>	
		ny(O) Aol Con sed for future annual report notification)
	E-man address. (to be u	sed for future airitial report notification)
For further information co	oncerning this matter, plea	se call:
C. LAYL	SIDN YH	at (941) 706 5435
Name of C	Contact Person	at (941) 706 5435 Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Department of State:
	<b>-</b>	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy Certificate of Status
	Coldinate of Status	(Additional copy is Certified Copy
		enclosed) (Additional Copy
		is enclosed)
Mailing Address		Street Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations
	ox 6327	Clifton Building
Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## 

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314