## D13000ULGUL

(Re	questor's Name)			
(Åd	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Nar	me)		
(De	avana at Nivasha a			
(Do	cument Number)			
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R. VVIIIE

## **COVER LETTER**

TO: Amendment Section Division of Corporat			
SUBJECT:	β∟⊔∈ M Name of Cor	NATER POOLS OF NAPLES	I
DOCUMENT NUMBER:_	PI	30000 44944	
The enclosed Statement of C	hange of Registered Office/	Agent and fee are submitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	S16 Name of Conta	EVEN BROWN	
	Firm/Com	pany	
	17539 C Addres	HERRY R: OGE LANE.	
	FT MYEA. City/State and	S FL 33967 Zip Code	
E-mail a	<b>BLUEWATER</b> Address: (to be used for fut	POOLS @ EARTHLINK NET ure annual report notification)	
For further information conc	erning this matter, please ca	II:	
STEKEN	1 Brown	at (352 ) 250 6614 Area Code & Daytime Telephone Number	
Name of Con	tact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check r	nade payable to the Departm	ent of State.	
	ling Address: endment Section ision of Corporations	Street Address: Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

<b>BOTH</b>	FOR	CORP	ODA	TION	C
DV/III	rva	CURE	<b>1/R</b> A		. 7

Pursuant to the provisions statement of change is sub	-					
in order to chang	ge its registered off	ice or registere	d agent, or bot	h, in the Stat	te of Florida.	
1. The name of the corpor	ation: <u>ß</u>	LUE WA	16R POE	LS OF	NAPCES	INC
2. The principal office add	lress:	17539	CHERRY	R:19E	LANG	
	<del> </del>	FT	MyERS	EL	33967	
3. The mailing address (if	different):					
4. Date of incorporation/q	ualification: OS	1/21/2013	Document	number: <u>P</u>	1300004	4944
5. The name and street ad Florida Department of S	dress of the current	registered age		•		
A	INTHONY	BROWN	,			
	ŗ	b wings				
		74	34711			
6. The name and street add (if changed):						7 (18)
<del></del> .	STEVEN	Brown	)			<u> </u>
<del></del>	17539	P.O. Box NOT acc	R:194	LANE	· · · · · · · · · · · · · · · · · · ·	
	FI	MYEL	FL 3	3967		വ
The street address of its r as changed will be identiced	egistered office an	d the street add	dress of the bu	siness office	of its register	ed agent,
Such change was authorized by the board,	zed by resolution dor the corporation	luly adopted by has been notifi	its board of ded in writing of	lirectors or b	y an officer so	1
falcey Buch	er or director		ANTHOA Printe	d fr typed name	and title	<u>Les: A</u> cu7
I hereby accept the appoint in the street of	ent is being filed m	ereiv to reflect	a change in th	1e registerea	). d complete sition as regiss l office address	tered s, I
STALL BROWN Signature of Reg	sistered Agent		1/6	2017 Date	<i>7</i> ·	<del></del>
If signing on behalf of an	entity:					
STEVEN R Typed or Printe	LowN'					
	***	FILING FEE:	\$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314