

P13000064290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

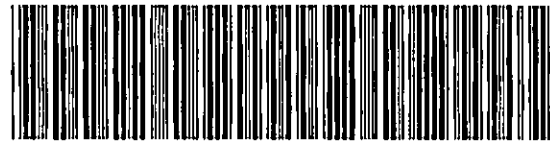
(Business Entity Name)

(Document Number)

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R. WHITE

JAN 19 2018

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TAL FRODO B. BAGGINS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Neece Pool Service, Inc.
Name of Corporation

DOCUMENT NUMBER: P130000064290

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:

Angela R. Neece
Name of Contact Person

Neece Pool Service, Inc.
Firm/Company

3363 S.W. Sunset Trace Circle
Address

Palm City, FL 34990
City/State and Zip Code

arjones0797@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett Neece at (561) 401-8304
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Neece Pool Service, Inc.
2. The principal office address: 2900 S.W. Town Center Way
Palm City, FL 34990
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/31/2013 Document number: P13000064290

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)

Pamela Neece
2900 S.W. Town Center Way
Palm City, FL 34990

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

Angela R. Neece
3303 S.W. Sunset Trace Circle
P.O. Box NOT acceptable
Palm City, FL 34990

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FLORIDA

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.

Brett T. Neece

Signature of an officer or director

Brett T. Neece 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.

Angela R. Neece

Signature of Registered Agent

10/27/17

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***