(Re	equestor's Name)				
(Ac	ldress)	<u></u>			
(Ac	idress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
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JAT 2 - 2021



January 21, 2021

Date:_

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Name: David Shulman		
Reference #:	1260316	
Entity Name:	BAYSTATE	POOL SUPPLIES INC.
Articles of Incorp	oration/Authorization	to Transact Business
Amendment		
✓ Change of Agent	:	ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
Merger		
☐ Dissolution/With	drawal	
☐ Fictitious Name		
Other		
Authorized Amount	\$35.00	
Signature:	AL	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Fla ation organized under the laws of the Sta e or registered agent, or both, in the Sta	te of Florida
1. The name of	the corporation:	BAYSTATE POOL SUPP	PLIES INC.
	office address:		
		ve Rd. North Billerica, N	IA 01862
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: Janua	ary 24, 2014 Document number:	P14000007741
	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered office on nter resigned)	file with the
	BUSINESS FIL	INGS INCORPORATED	
	1200 Sout	h Pine Island Road	
	Planta	tion, FL 33324	
6. The name and (if changed):		istered agent (if changed) and /or registe	red office 2021 JAN 21
	COGENCY GLO	BAL INC.	2
	115 North Calho		
	Tallahassee, FL	P.O. Box NOT acceptable	AH 8: 36
The street addras changed will	ess of its registered office and be identical.	the street address of the business offic	e of its registered agent,
Such change wa authorized by the	as authorized by resolution du he board, or the corporation h	ly adopted by its board of directors or las been notified in writing of the chang	oy an officer so e.
/s/ John Aral	kelian	John Arakelian Printed or typed name	Treasurer
I further agree performance of agent. Or, if th	to comply with the provisions my duties, and I am familiar is document is being filed mer	d agent and agree to act in this capacit of all statutes relative to the proper an with and accept the obligation of my po rely to reflect a change in the registered a notified in writing of this change.	a complete osition as registered
/s/ Tim May	ville	1/21/2021	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		

Tim Mayville, Assistant Secretary

Typed or Printed Name

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