P15000050543	
(Requestor's Name) (Address) (Address)	900274720929
(City/State/Zip/Phone #)	
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	07/06/1501040025 **35.00
Office Use Only	
	Rachang JUL 10 2015

D CUSHING

COVER LETTER

TO: Amendment Section **Division of Corporations**

 $\mathbf{E}_{\mathbf{r}_{i}}$

Wokidwide Pools of Florida Corporation SUBJECT:

DOCUMENT NUMBER: <u>PIS000050543</u>

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:

Dagoberto Cabral Name of Contact Person WORIduide Pools of Florida Corporation 7170 SW 47th ST MIAMI, FL 33155 City/State and Zip Code rsere ennat , AH 10: 00 Info @ world wide pools. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>305</u>) <u>970906</u> 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

CR2E045 (03/12)

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: WORIdwide Pools of Florida CORDORATION 2. The principal office address: 7170 SW 47th ST MIAMI 23/25 3. The mailing address (if different): 4. Date of incorporation/qualification: 06/10/2015 Document number: P15000050543 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) PIEgel & UTRERA. 1840 SW 22nd ST. MIAMI FL 33145 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 190 berto Cabral 70 SW 47⁴⁴ ST P.O. Box NOT acceptable MIAMI, FL 33155

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.

of an office

RLD CON

Date

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.

mature of Registered Agent

If signing on behalf of an entity:

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