P15000069921

(F	Requestor's Name)	
(A	Address)	
	٠	
(/	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	•	
(E	Business Entity Nam	e)
(C	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	





000289962390

09/13/16--01011--002 **35.00

THED 2016 SEP 12 PH 12: 29

م/عر^م

COVER LETTER

Division of Corporations		
SUBJECT: Cool Blue Pools of Florida Inc. Name of Corporation		
DOCUMENT NUMBER: P15000069921		
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:		
Anthony Angelillo Name of Contact Person		
Cool Blue Pools of Florida Inc.		
4731 Pinemore lane		
Cake Worth F1. 33463 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anthony Angelillo at 561, 718-4910 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

TO:

Amendment Section

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 Florida:
1. The name of the corporation: Cool Blue Pools of Florida, Inc.
2. The principal office address: 4731 Pinemore 191e
Lake Worth, F1 33463
3. The mailing address (if different):
4. Date of incorporation/qualification: $8/19/2015$ Document number: $9/500069921$
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)
United States Corporation Agents Fig.
12700 1 12: 2: A T
135024 Winding Oak Court # 7
1 ampa, FC 336/2 # 30
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Hothory Angelillo
4731 Pinemore lane
P.O. Box NOT acceptable
_ Cake Worth, FC. 33463
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 duky 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.
Intuition dischille Anthony Angelillo President
Signature of an officer or director Printed or typed name and tyle 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.
Signature of Registered Agent Date
If signing on behalf of an entity:

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

Typed or Printed Name