

P15 000074177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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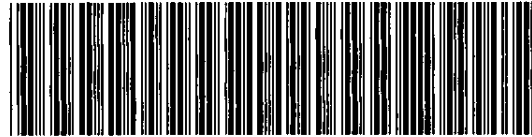
(Business Entity Name)

(Document Number)

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CHATHAMSS, -106107

10/9/15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE MERMAID POOL SERVICE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P15000074177

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:

DENNIS MARTIN  
Name of Contact Person

BLUE MERMAID POOL SERVICE, INC.  
Firm/Company

235 NE 20<sup>th</sup> STREET  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

MARTIN.J.DENNIS@G-MAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS MARTIN at (352) 242 7197  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLUE MERMAID POOL SERVICE, INC.  
2. The principal office address: 235 NE 20th STREET

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9-03-15 Document number: P15000074177

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)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DENNIS MARTIN  
235 NE 20th STREET  
P.O. Box NOT acceptable  
Boca RATON, FL 33431

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.

[Signature]  
Signature of an officer or director

DENNIS MARTIN SOLE PROPRIETOR  
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.

[Signature]  
Signature of Registered Agent

OCT 2, 2015  
Date

If signing on behalf of an entity:

DENNIS JAMES MARTIN  
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  
CR2E045 (03/12)