

**P16 000087754**

Florida Department of State  
Division of Corporations  
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Account Number : 120060000067  
Phone : (407)656-5750  
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Email Address: jr@jeffreir.com

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REGISTERED AGENT CHANGE  
GET POOL PARTS CORP.

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# 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GET POOL PARTS CORP.
2. The principal office address: 13900 COUNTY ROAD 455 SUITE 104-320 CLERMONT FL 34711
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/31/2016 Document number: P16000087754
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)

SHARON DRAKE

13900 COUNTY ROAD 455 SUITE 107-320

CLERMONT FLORIDA 34711

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

JEFF REIN

13900 COUNTY ROAD 455 SUITE 107-320

P.O. Box NOT acceptable

CLERMONT FLORIDA 34711

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

JEFF REIN, 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.

[Signature]  
Signature of Registered Agent

12/18/2023

Date

If signing on behalf of an entity:

JEFF REIN

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  
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