Florida Department of State

Division of Corporations Public Access System

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TO:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Mimber : 110432003053. : (305)672-0686

Fax Number : (305)672-9110

REGISTERED AGENT CHANGE

BLUE HAVEN POOLS OF WEST PALM BEACH, INC.

OF CGREGATION

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

f of f

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

Pursuant to the provisions of section 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 is: Blue Haven Pools of West Palm Beach, Inc.	
2. The principal office address: 2845 N. MILITARY TR	
WEST PALM BEACH FL 33409	
3. The mailing address (if different):	
	6000019163
5. The name and street address of the current registered agent and registered office on fil Florida Department of State:	e with the of JAN -9
Tobin & Reyes, P.A.	FS 😓
7251 W. Palmetto Park Road Suite 205	
Boca Raton FL 33433	15 6 E
6. The name and street address of the new registered agent (if changed) and /or registere (if changed):	-9 MID: 42
Corporate Creations Network Inc.	For Q
11380 Prosperity Farms Road #221E	- 9E F
(P.O. Box Not acceptable)	
Palm Beach Gardens FL 33410	·
The street address of its registered office and the street address of the business office agent, as changed will be identical.	of its registered
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change.	by an officer so
by N. Pasquier as attorney-in-fact for	Ron Zaherer
(Signature of an officer or director) (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	r and complete
performance of my duties, and I am familiar with and accept the obligation of my position	on as revistered
agent Or, if this document is being filed merely to reflect a change in the registered of hereby confirm that the corporation has been notified in writing of this change.	ffice address, 1
1/5/2006	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Norman Pasquier, Assistant Secretary	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686