Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE POOLS BY BRADLEY, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

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

in orde	r to change its registered office or regist	nized under the laws of the State of Florida tered agent, or both, in the State of Florida.
1. The name of (the corporation: POOLS BY BRADLEY,	INC.
2. The principal	office address: 960 International Parkway	1600
Lake Mary, FL 3	2/40	
		P04000050751
		Document number: P96000059753
	I street address of the current registered a timent of State: (If resigned, enter resign	agent and registered office on file with the ed)
	BRADLEY D EAVES	
	1701 S. Riverside Drive	2024 DEC 18 At SECULARY OF TAKEN AND SECULAR TAKEN OF TAKEN AND SECULAR TAKEN OF TAKEN AND SECULAR TAK
	New Smyrna Beach, FL 32168	
6. The name and (if changed):	New Smyrna Beach, FL 32168 I street address of the new registered agent (if changed) and /or registered office Corporate Creations Network Inc	
	801 US Highway 1 P.O Box NOT acceptable	
	North Palm Beach, FL 33408	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent
Such change was authorized by the	11	d by its board of directors or by an officer so of the change.
street	la lavarez	Estrella Tavarez, Attorney-in-Fact
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in the been notified in writing of this change	Printed or typed name and title and agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if the the registered office address, I hereby confirm that the
		12/17/2024 Date
<u>strella Ta</u>	vigospinista w i spette	,, w. ,
Sig	<i>O</i> : (
If signing on be	half of an entity: Special Secretary	

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