P9600006683S

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of Ca

COVER LETTER

TO: Amendment Division of	Section Corporations		
SUBJECT: Portofit	no Pools, Inc.		
	(Name o	of corporation)	
DOCUMENT NUN	1BER:P960000	066835	
The enclosed Statem	ent of Change of Registered O	ffice/Agent and fee are submitted	for filing.
Please return all cor	respondence concerning this ma	atter to the following:	
_		A. Manilla	<u> </u>
	(Name of	f contact person)	
	Davida	ofina Daala Tu (
	Pono (Firm	ofino Pools, In C。 n/Company)	
	·		
	6005 Powe	ers Avenue, Suite 101	
	(A	Address)	
		rille, Florida 32217 te and zip code)	
For further informat	ion concerning this matter, plea	<u>-</u>	
To farmer amornia	-		
Joh	nn A. Manilla ne of contact person)	at (904) 731-3144 (Area code & daytime)	4 extension 20
(Nan	ne of contact person)	(Area code & daytime)	telephone number)
Enclosed is a \$35.00	check made payable to the De	partment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpora 409 E. Gaines Stree Tallahassee, FL 32	tions t

CR2E045(6/04)

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

statement of cha	nge is submitted f	for a corporation organized	07.1508, or 617.1508, Florida I under the laws of the State of I agent, or both, in the State of I	Florida		
The name of the corporation:		Portofino Pools , In C-				
2. The principal	•	6005 Powers Avenue, S	Suite 101			
		Jacksonville, Florida 32	217			
3. The mailing a	ddress (if differen	nt): same as above				
4. Date of incorp	oration/qualificat	tion: 08/09/1996	_Document number: P96000	066835		
	street address of tment of State:	the current registered agent	and registered office on file w	ith the		
	Meyer, Albe	ert R				
	16508 Lake	Heather Dr.		TALL		
	Tampa, FL 3	33618		AREAS -		
6. The name and (if changed):	street address of	the new registered agent (if	f changed) and /or registered of	3		
	John A. Mar	nilla		L: 05		
	6005 Power	rs Avenue, Suite 101		Ä		
		(P.O. Box NOT acceptable)	,	_		
	Jacksonville	, FI 32217		<u>.</u> .		
The street addre	ess of its registere be identical.	ed office and the street add	ress of the business office of i	its registered agent,		
Such change wa authorized by th	a authorized by a board, or the co	resolution duly adopted by orporation has been notific	its board of directors or by ared in writing of the change.	n officer so		
			John A, Manilla, President	· ·		
(Signatu	re of an officer or direc	,	(Printed or typed name and			
Nhereby accept I further agree t of my duties, an document is bei corporation has	the appointment to comply with the d I am familiar was fived merely to been notified in	as registered agent and as the provisions of all statutes with and accept the obligat to reflect a change in the re writing of this change.	gree to act in this capacity. I relative to the proper and coilion of my position as registere gistered office address, I here	mplete performance ed agent. Or, if this by confirm that the		
			January 31, 2005	,		
818	mature of Registered A	gent)	(Date)			
f signing on bel	half of an entity:					
	ortofino Pools					
/T	uned or Printed Name	· -				

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