

P97000074319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200302710412

08/24/17--01004--026 **35.00

S. TALLENT

AUG 31 2017

R/A-CH

FILED
17 AUG 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Lagoon Pools & Spas, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000074319

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:

Naomi Brix

Name of Contact Person

Blue Lagoon Pools & Spas, Inc.

Firm/Company

4305 Laurel Ridge Circle

Address

Weston, FL 33331-4011

City/State and Zip Code

scottbluelagoon@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Naomi Brix

Name of Contact Person

at (954) 465-3550

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

1. The name of the corporation: Blue Lagoon Pools & Spas, Inc.

2. The principal office address: 4305 Laurel Ridge Circle, Weston FL 33331-4011

3. The mailing address (if different): P.O. Box 266105, Weston FL 33326

4. Date of incorporation/qualification: 08/25/1997 Document number: P97000074319

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)

382 Harbor Court

Weston, FL 33326

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

4305 Laurel Ridge Circle

Weston, FL 33331-4011

P.O. Box NOT acceptable

FILED
17 AUG 21 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of an officer or director

John S. Anderson/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 of Registered Agent

August 21, 2017

Date

If signing on behalf of an entity:

Naomi Brix

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