

P97000099668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

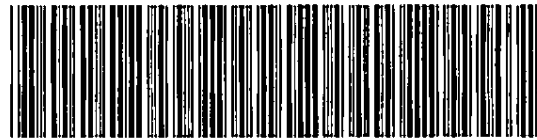
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2022 MAY - 6 PM 1:46

JUN 28 2022

S. PRATHER

BOYD & JENERETTE P.A.
EST. 1952

One Orlando Centre, 800 N. Magnolia Ave., Suite 430, Orlando, FL 32801
Telephone 407.309.4760 | Facsimile 407.309.4761 | Website: boydjen.com

Sherry A. Lambson-Eisele
Direct Phone (407) 309-4758
seisele@boydjen.com

May 3, 2022

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Southern Pool Designs, Inc.

Dear Sir:

Enclosed please find Statement of Change of Registered Agent executed by the Registered Agent, Joseph M. Kirkland, in regard to the above-captioned corporation for filing with the Division of Corporations. Our firm check in the amount of \$35.00 is enclosed for costs incurred.

Thank you for assistance.

Sincerely,

Sherry A. Lambson-Eisele

Sherry A. Lambson-Eisele

SLE/swm
Encs. As Stated

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Pool Designs, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000099668

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:

John M. Kirkland

Name of Contact Person

Southern Pool Designs, Inc.

Firm/Company

150 Specialty Point

Address

Sanford, FL 32771

City/State and Zip Code

johnk@southernpooldesigns.com

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

For further information concerning this matter, please call:

John M. Kirkland

at (407) 637-7488

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Southern Pool Designs, Inc.

2. The principal office address: 150 Specialty Point, Sanford, FL 32771

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 11/20/1997 Document number: P97000099668

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)

John M. Kirkland, 116 Aldean Drive, Sanford, FL 32771

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

John M. Kirkland

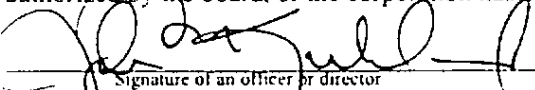
150 Specialty Point

P.O. Box NOT acceptable

Sanford, FL 32771

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

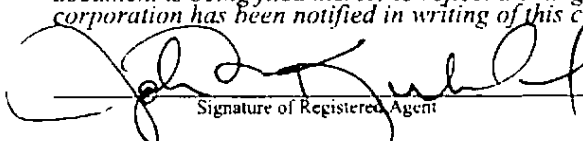
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

John M. Kirkland, 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

John M. Kirkland, Registered Agent

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA