

P98000084963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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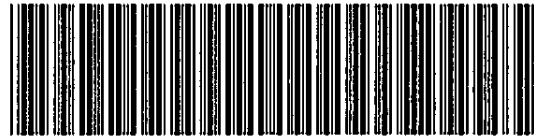
(Business Entity Name)

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DIVISION OF CORPORATIONS
16 MAR -4 4:11:17

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2016

JOHN N. NATALE
PALM BEACH AQUATICS, INC.
PO BOX 541510
LAKE WORTH, FL 33450

SUBJECT: PALM BEACH AQUATICS, INC.
Ref. Number: P98000084963

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We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 316A00002669

RECEIVED

16 MAR -4 AM 10:43

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Aquatics Inc
Name of Corporation

DOCUMENT NUMBER: P98000084963

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 N. Natale
Name of Contact Person

Palm Beach Aquatics
Firm/Company

Po Box 541510
Address

lake worth, FL 33450
City/State and Zip Code

jan@pbaquatics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Natale at (561) 719-4600
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR -4 AM 11:12

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

1. The name of the corporation: Palm Beach Aquatics
2. The principal office address: 1555 Folsom Rd.
Loxahatchee, FL 33470
3. The mailing address (if different): PO Box 541510
Lake Worth, FL 33454
4. Date of incorporation/qualification: 10-5-98 Document number: P98000084963
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)
Alan M. Burger Esquire
505 S. Flagler Ave, Ste 300
West Palm Beach, FL 33401

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

Les C. Shields
685 Royal Palm Beach Blvd, Ste 205
Royal Palm Beach, FL 33411

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]
Signature of an officer or director

John N. Natale D
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]
Signature of Registered Agent

2-1-14
Date

If signing on behalf of an entity:

Les Shields
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
CORP045 (02/10)