V36493

(Re	equestor's Name)	
(Ad	(dress)	
(Ad	(dress)	
(Cif	ty/State/Zip/Phone	⇒ #)
PICK-UP	TIAW [MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		{
		Ì

Office Use Only



800061331798

11/14/05--01011--003 **35.00

TALLAHASSEE, FLORIDA

PILED
05 NOV 14 AM 9:59

COVER LETTER

Division of Corporations
SUBJECT: Reflections Pools of the Palm Beaches, Inc. (Name of Corporation)
DOCUMENT NUMBER: V36493
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:
Danita N. Perry
(Name of Contact Person)
Reflections Pools of the Palm Beaches, Inc.
(Firm/Company)
368 Pilgrim Road
(Address)
West Palm Beach, Florida 33405-3214 (City/State and Zip Code)
For further information concerning this matter, please call:
Danita N. Perry at (561) 585-6605 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35,00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of secti inge is submitted f ir to change its res	or a cor	poration orga	nized under	the laws	of the St	ate of	lorid	la_	
I. The name of t	ihe corporation:	Ref	lections	Pools	of t	he Pa	lm Bea	ches.	Inc	
2. The principal	office address:	368	368 Pilgrim Road, West Palm Bea							
3. The mailing a	ddress (if differen	t):			-			-		
4. Date of incorp	ooration/qualificat	ion:)5/15/92	Doc	ument nu	ımber:	V364	93		
	I street address of tinent of State:	the curr	ent registered a	agent and r	egistered	office on	file with th	he		
	Christop	her 3	J. Schol	1.	-					-
	111 Wate	rway	Road					ا الالال	95	-
	Tequesta	, Flo	orida 3	3468				AHA.	AON 50	ŢŢ
6. The name and (if changed):	I street address of Danita N			ent (if chan	ged) and .	or regist	ered office	SSEE, FLOR	14 AM 9:	LED
	368 Pilg	rim H	Road					A DA	59	
	West Pal	(P.O. E	ox NOT acceptable	-	33405-	-3214				
The street addre	ess of its registere be identical.	d office	and the stree	t address o	f the bus	iness off	ice of its re	egistered	agent,	
	as authorized by the board or the c	resolutio orporati		ed by its bo otified in v	oard of di vriting o	irectors of the chai		ficer so		***
of my duties, and document is bei corporation has	the appointment to comply with th dd I am familiar w ng filed merely to s been notified in	as regis e provis vith and o reflect writing	accept the ob a change in t	nd agree to stutes relat ligation oj he register e.	o act in to	his capace proper c tion as re address,	city. and comple	ete nerfo	rmance	;
	gnaturé of Régistered A half of an entity:	gynt)				(Date)	•			
Danita N	. Perry									

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