

✓ 59244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

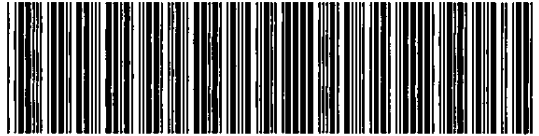
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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each fees

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ^{THE} stevens pools second generation inc
(Name of Corporation)

DOCUMENT NUMBER: V59244

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:

LORA J STEVENS

(Name of Contact Person)

STEVENS POOLS SECOND GENERATION INC

(Firm/Company)

2736 LAND-O-LAKES BLVD

(Address)

LAND-O-LAKES FLORIDA 34639

(City/State and Zip Code)

For further information concerning this matter, please call:

LORA J STEVENS

(Name of Contact Person)

at (8139494702) DAYTIME (813) 944-3938 cell
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2007

LORA J. STEVENS
2736 LAND O LAKES BLVD.
LAND O LAKES, FL 34639

SUBJECT: STEVENS POOLS, THE SECOND GENERATION, INC.
Ref. Number: V59244

We have received your document for STEVENS POOLS, THE SECOND GENERATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 707A00062130

**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: STEVENS POOLS SECOND GENERATION
2. The principal office address: 2734 LAND-O-LAKES BLVD
LAND-O-LAKES FL 34639
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-19-1992 Document number: V59244
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LORA J STEVENS

2734 LAND-O-LAKES BLVD

LAND-O-LAKES FL 34639

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

SHANE M STEVENS

2734 LAND-O-LAKES BLVD

(P.O. Box NOT acceptable)

LAND-O-LAKES FL 34639

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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)

SHANE M STEVENS PRES

(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)

10-16-07

(Date)

If signing on behalf of an entity:
SHANE STEVENS PRES
LORA J STEVENS TREASURY
(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 (8/05)