

V64844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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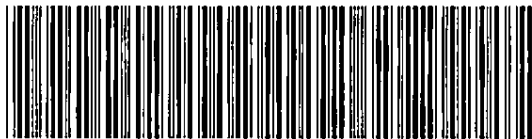
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pool Realty Inc
Name of Corporation

DOCUMENT NUMBER: V64844

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:

Shannon Alban
Name of Contact Person

Pool Realty Inc
Firm/Company

127 E Howard St
Address

Live Oak, FL 32064
City/State and Zip Code

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

For further information concerning this matter, please call:

Shannon Alban
Name of Contact Person

at 386 362 4539
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: Poole Realty Inc
2. The principal office address: 127 E Howard St
Live Oak Florida 32064
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9-18-1992 Document number: V64844
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)

* Resigned - Done paperwork
Just before this paperwork

Ronald D. Poole
127 E Howard St Live Oak, FL 32064

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

Kellie F Shirah

127 E Howard St

Live Oak, FL 32064

P.O. Box NOT acceptable

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.

Kellie Shirah
Signature of an officer or director

Kellie Shirah, officer
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.

Kellie Shirah
Signature of Registered Agent

NOV. 21, 2023
Date

If signing on behalf of an entity:

Kellie Shirah
Typed or Printed Name

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