I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOLORES IMBERT

Electronic Signature of Signing Officer/Director Detail

Entity Name: REGENCY POOL AND SPA OF FLORIDA, INC. **Current Principal Place of Business:**

6507 NW 13 COURT PLANTATION. FL 33313

Current Mailing Address:

6507 NW 13 COURT PLANTATION. FL 33313 US

FEI Number: 65-0458744

Name and Address of Current Registered Agent:

IMBERT, RAFAEL 6507 NW 13 COURT PLANTATION, FL 33313 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

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Officer/Director Detail :

Title	PD	Title	SD
Name	IMBERT, RAFAEL	Name	IMBERT, DOLORES Y
Address	6507 NW 13 COURT	Address	6507 NW 13 COURT
City-State-Zip:	PLANTATION FL 33313	City-State-Zip:	PLANTATION FL 33313

SECRETARY

DOCUMENT# P9400000375

Jan 09, 2017 Secretary of State CC4723045433

Date

FILED

Certificate of Status Desired: No

Date

01/09/2017