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.

Electronic Signature of Signing Officer/Director Detail

6507 NW 13 COURT PLANTATION. FL 33313 **Current Mailing Address:**

Current Principal Place of Business:

6507 NW 13 COURT PLANTATION. FL 33313 US

DOCUMENT# P9400000375

FEI Number: 65-0458744

Name and Address of Current Registered Agent:

IMBERT, RAFAEL 11260 NW 14 ST PLANTATION, FL 33323 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

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: REGENCY POOL AND SPA OF FLORIDA, INC.

Officer/Director Detail :

Title	PD	Title	SD
Name	IMBERT, RAFAEL	Name	IMBERT, DOLORES Y
Address	11260 NW 14 ST.	Address	11260 NW 14 ST.
City-State-Zip:	PLANTATION FL 33323	City-State-Zip:	PLANTATION FL 33323

SECRETARY

01/12/2015

FILED Jan 12, 2015 Secretary of State CC1273993688

Date

Certificate of Status Desired: Yes

SIGNATURE: DOLORES IMBERT

Date