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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

2006 JAN 24 PH 2: 00

5 Jul 10

COVER LETTER

SUBJECT: Blue Water Mortgage and Investments, LLC (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria T Bloch
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria T Bloch
Please return all correspondence concerning this matter to the following: Maria T Bloch
Maria T Bloch
(Name of Person)
(residue of a supply
Blue Water Mortgage and Investments, LLC
(Firm/Company)
4264 Hunting Trail
(Address)
4264 Hunting Trail (Address) Lake Worth FL 33467 (City/State and Zip Code) ALCAPT AN 24 PH 2: 00
Lake Worth FL 33467
Lake Worth FL 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
y or further information concerning and matter, prease vali.
Maria T Bloch at (561) 310-0189
(Name of Person) (Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:

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INHS18 (8/05)

אשורט: עסטעז יכן ישפר

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limiteliability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Blue Water	Mortgage and Investments, LLC		
2. The mailing address of the limited liability company is:			
4264 Hunting Trail Lake Worth, FL 33467	-		
03/18/05	L05000027610		
3. Date of filing/registration in Florida 4. Document number			
5. The name of the registered agent and the registered office Florida Department of State: A1A REGISTERED AGENT			
92 SADBERRY ROAD Address			
QUINCY FL 32351 City, State and Zi	p		
6. The name and address of the new registered agent and/or office:			
Lawrence A Capian PA 1900 Name Corporate Blvd NW, St Florida street address (P.O. Box) Boca Raton, FL 3343 City, State and Zip If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Floridand the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) we	NOT acceptable) 31 We sof the State of Florida, it is hereby rida street address of the registered office al. Or. in the case of a Florida limited		
of the members of the limited liability company or as otherw or the operating agreement of the limited liability company.	ise provided in the articles of organization		
(Signature of a member or authorized representative of a member)	-		
Maria T Bloch			
(Printed or typed name of signec) I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posit Chapter 608, H.S. Or, if this document is being filed to mere address, I hereby confirm/that the limited liability company hereby confirmations are selected by the limited liability company hereby confirmations are selected by the limited liability company hereby confirmations are selected by the liability confirmation and the liability confirmation are selected by the liability confirmation are selected by the liability confirmation and the liability confirmation are selected by the liability confirmation and the liability confirmation are selected by the liability confirmation are selected by the liability confirmation and the liability confirmation are selected by the liability confirmation and the liability confirmation are selected by the liability confirmation and the liability confirmation and the liability confirmation are selected by the liability confirmation and the liabi	ee to act in this capacity. I further agree to er and complete performance of my duties, ion as registered agent as provided for in ly reflect a change in the registered office as been notified in writing of this change.		
Division of Corporations, P.O. Box 6327 FILING FEE: \$25.	•		
	·VV		

INHS18 (8/05)

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