

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000048969

Entity Name: BLUEWATER INSURANCE GROUP OF NICEVILLE, INC

Current Principal Place of Business:

4524 HWY 20 E
NICEVILLE, FL 32578

Current Mailing Address:

4524 HWY 20 E
NICEVILLE, FL 32578 US

FEI Number: 47-4323180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETSINGER, TRAVIS
4524 HWY 20 EAST
NICEVILLE, FL 32578 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

Date

Officer/Director Detail :

Title P
Name BETSINGER, TRAVIS
Address 208 BAYBERRY DIVE
City-State-Zip: NICEVILLE FL 32578

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: TRAVIS BETSINGER

PRESIDENT

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date