

597961

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 16 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUE RIDGE CAMP & RESORT INC
Name of Corporation

DOCUMENT NUMBER: - OPEN -

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:

MORRIS WIZLOMAN
Name of Contact Person

BLUE RIDGE CAMP & RESORT INC
Firm/Company

601 N.W. 82ND AVE. APT. 232
Address

PLANTATION, FL. 33324
City/State and Zip Code

CBR CAMP @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STELLA WALDMAN at (904) 703-6573
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: BLUE RIDGE CANYON RESORT INC
2. The principal office address: 601 NW 82ND AVE APT. 232
PLANTATION, FL. 33324
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____

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)

MORRIS WALDMAN 2502 PRAIRIE AVE
SHEILA WALDMAN STATE
MIAMI BEACH, FL. 33140

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

MORRIS WALDMAN
SHEILA WALDMAN
601 NW 82ND AVE PLANTATION, FL. 33324

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.

[Signature]
Signature of an officer or director

MORRIS WALDMAN PRESIDENT
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.

[Signature]
Signature of Registered Agent

12/11/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 14 PM 1:01

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