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SECRETARY OF STATE

J. BRYAN

AUG - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	le Water Partners, LLC f 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	ng this matter to the following:
Carl Cascio	
Name of Person	
Dolphin Title	
Firm/Company	ALL F
525 NE 3 Av., Suite # 10	ECRETARY OF STATE LAHASSEE. FLORIC
Address	EF P
Delray Beach, FL 33444 City/State and Zip Code	TIORIDA
Carlc@casciolaw.com E-mail address: (to be used for future annual repor	t notification)
For further information concerning this ma	tter, please call:
Carl Cascio	at (561) 274-7473
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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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 limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

,	
1. Name of the limited liability company:	Blue Water Partners, LLC
2. (a) Principal office address of limited liability compa	any: 1005 SR 84,
(Note: MUST BE STREET ADDRESS)	Suite #105 Ft. Lauderdale, FL 33315
(b) Mailing address of limited liability company:	1005 SR 84
(Note: MAY BE POST OFFICE BOX)	Suite #105 Ft. Lauderdale, FL 33315
3/19/2001	L01000004127
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Timothy R. Akers
Registered Office Address:	1116 Avocado Isle Ft. Lauderdale, FL 33315
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	Carl Cascio 525 NE 3 Av., Suite #102
(MUST BE FLORIDA STREET ADDRESS)	Delray Beach ,FL33444
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Carl Cascio Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to had accept the limited liability companders, I pereby confirm that the limited liability compand	position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent