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SECRETARY OF STATE

D. BRUCE

APR 20 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bluewater Cons Name of Limited	Struction, LLC I Liability Company		-
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this ma	atter to the following:		
Scott W. Dunlap, Esq.	<u>. </u>		
Dunlap + Moran, P	. A .		
22 S. Links Ave.	Suite 300	10 AP	
Sarasota, FL 342;	36	TARY OF STA	
E-mail address: (to be used for future annual report notification	an. com	2: 4.9 STATE LORIDA	<u></u>
For further information concerning this matter, plea	se call:		
Scott Dunlap at (741 <u>366 - 6115</u> Area Code & Daytime Telephor		-
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 following amo	unt:		
\$25 Filing Fee	\$55 Filing Fee & Certified	Сору	

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. Blue mater 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5ame (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 66000 2623 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. a member or authorized representative of a member Alstrom Primed or typed name of signee 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 relatively the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chipter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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

INHS18 (05/08)

of Registered Agent