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Account Name : NEIMAN & INTERIAN, PLLC

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Email Address: RABAD@NIFLALAW.COM

## LLC REGISTERED AGENT CHANGE BLUE WATER HOLDINGS-TAMPA, LLC

K. SALY MAR 3 0 2018

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Help

From: Rosalia Ahad

(((H18000100918 3)))

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

L. Na	me of the limited liability company: BLUE WATE	R HO	LDINGS-T	AMPA, LLC	
2. (a)	.5013 East Broadway		(b) PO Box 565760		
_, (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tampa, FL 33619		Mlami,	FL 33256	
	03/25/2004		L040000		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LAMONT NEIMAN INTERIAN & BELLET,	·			
	Registered Agent and Registered Office shown on the records of NEW WORLD TOWER SUITE:801	of the Fior	ids Dept, of Stu	ute:	
	Registered Office Address			<b></b>	
	100 N. BISCAYNE BLVD.			_ 三程 <b>英</b>	
	MIAMI . , F	L_3310	32	斯斯 第 29	
(b)	NEIMAN & INTERIAN, PLLC			29 E	
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	nddress:	一質量を	
	2020 PONCE DE LEON BLVD.,		افت به مشکنیشم میریدوری م	斯 29 单 9: 51 MA 29 单 9: 51 MAINSFERTONIDA	
	NEW Registered Office Address:				
	SUITE 1005-B		==		
	CORAL GABLES	. <sub>L</sub> 331	34		
the ch	limited liability company is not organized under the lange or changes are made; the Florida street address will be identical. Or, in the case of a Florida limited recombinated by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re Jiability	egistered officer	ce and the business office of the registered is hereby confirmed that the change(s)	
( //A/ A / I \ \ )				nmel, Manager	
	atyle of a member or authorized representative of a member	Printed or typed name of signee			
notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi- vely reflect a change in the registered office address, ed in writing of this change.	gree to de perfo ded for I hereb	uct in this ca rmance of m in Chapter 6 y confirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accept 95, F.S. Or, it this document is being filed at the limited liability company has been	
Signa	ure of Registered Auent		_	•	
	Division of Corporations P.C	). Box 6	327 - Tallah	ussee, FL 32314	

Division of Corporations P.O. Box 6327 . Tallahussee, FL 3231. FILING FEE: \$25.00

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