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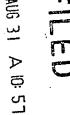
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bluewater Title, LLC (Name of Li	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
Derrick Bennett (Name of Person)	JAL JAL	
Harrison Rivard & Bennett, LLC (Firm/Company)	2006 AUG 31 A 10: 58 SECRETARY OF STATE TALLAHASSEE, FLORID	
101 Harrison Avenue	A 10: 58 OF STATE E. FLORIDA	
(Address)	DF Ø	
Panama City, FL 32401 (City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Derrick Bennett	at (850) 769-7714	
(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 following	g amount:	
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 liability company submits the following statement in or agent, or both, in the State of Florida.	2.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. The name of the limited liability company is: Bluewa	iter Title, LLC
2. The mailing address of the limited liability company i	is: 101 Harrison Avenue, Panama City, FL 32401
2/16/2006	L06000017400
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off Florida Department of State:	fice address as shown on the records of the
Harrison, Rivard, Zimme	erman & Bennett
Name	
101 Harrison Avenue	
Address	
Panama City, FL 32401	7,0 7
City, State an	dd Zip
6. The name and address of the new registered agent and	ASA
Harrison Rivard & Benne	
Name 101 Harrison Avenue	
	Por NOT accordable)
Florida street address (P.O. B	Box NOT acceptable)
Panama City FL 3	32401 E E E E E E E E E E E E E E E E E E E
City, State and	Zip
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 otl or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote herwise provided in the articles of organization
Derrick Bennett (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 pand I am familiar with and accept the obligations of my panders, I hereby confirm that the limited liability companies.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

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