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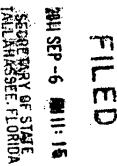
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T. CLINE

SEP - 7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	ue Water Doctors, LLC
Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Kevin C. Reid Name of Person	· .
Name of Ferson	
K. Reid, CPA, Inc. Firm/Company	
3890 Turtle Creek Dr., Sui	SEP-6 BIII:
Port Orange, FL 32127 City/State and Zip Code	OR THE STATE OF TH
pmoniz@kreid-cpa.org E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this ma	atter, please call:
Kevin Reid	at (<u>386</u>) <u>788-6057</u>
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	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
NHS18 (5/08)	$\langle \cdot \cdot \cdot \cdot \rangle$

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.

ı.	Name of the limited liability company:	Blue Water Doctors, LLC
2.	(a) Principal office address of limited liability	company: 100 Arricola Avenue
	(Note: MUST BE STREET ADDRESS)	St. Augustine, FL 32080
(b) Mailing address of limited liability co		y: same
	(Note: MAY BE POST OFFICE BOX)	
	08/04/2010	L10000081589
3.	Date of filing/registration in Florida	4. Document number
5.	(a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:
	Registered Agent:	Friebis, Daniel S
	Registered Office Address:	3890 Turtle Creek Drives Suite B Port Orange, FL 32127
	(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRES	K. Reid, CPA, Inc.
	MOST BE TECKION STREET MORE	Port Orange ,FL32127
cor and lial of or	bility company, it is hereby confirmed that the c	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
و بالمحادث	David A - Culver	·
	nted or typed name of signee	
I H cor and Ch add	hereby accept the appointment as registered age mply with the provisions of all statutes relative to all am familiar with and accept the obligations of apper 608 FS. Or of this document is being file dress, thereby confirm that the limited liability of the confirmation of the confirmat	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
Sig	gnature of Registered Agent	·
		Box 6327, Tallahassee, FL 32314 FEE: \$25.00