

L10000120652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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12 OCT 22 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bluewater Grp LLC  
Name of 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 this matter to the following:

Gerald Marzec

Name of Person

Bluewater Grp LLC

Firm/Company

4545 N Ocean Blvd 19D

Address

Boca Raton, FL 33431

City/State and Zip Code

jerrym@gate.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Marzec

Name of Person

at ( 561 )

395-2162

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 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 608.508, 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.*

**Bluewater Grp LLC**

1. Name of the limited liability company: Bluewater Grp LLC  
4545 N Ocean Blvd 19-D

2. (a) Principal office address of limited liability company: Boca Raton, FL 33431  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 4545 N Ocean Blvd 19-D  
Boca Raton, FL 33431  
**(Note: MAY BE POST OFFICE BOX)**

11/19/2010

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Barbara Marzec

Registered Office Address: 4545 N Ocean Blvd  
19-D  
Boca Raton, FL 33431

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Gerald Marzec

**NEW** Registered Office Address: 4545 N Ocean Blvd  
**(MUST BE FLORIDA STREET ADDRESS)** 19-D  
Boca Raton, FL 33431

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.

Barbara Marzec  
Signature of a member/or authorized representative of a member

Barbara Marzec  
Printed or typed name of signer

*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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 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.*

Gerald Marzec  
Signature of Registered Agent

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