17300049856

(Re	(Requestor's Name)					
(Address)						
(Address)						
(Cr	ty/State/Zip/Phone	:#)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	Certificates of Status					
	_					
Special Instructions to	Filing Officer:					
}		}				
1						

Office Use Only



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FALLAHASSEF, FLORIO/

B. BOSTICK

AUG - 7 2013

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ		rise, LLC		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submi	itted for filing.	
Please	return all correspondence concerning thi	is matter to the following:		
Jere	my J. Graham Lindsay A. Chr	ristiansen		
	Firm/Company	<u> </u>		
714	43 State Road 54, #112	<u>-</u>	; ;	<i>~</i> 3
	Address		ALLA ALLA	<u>1013</u>
Ne	w Port Richey, Florida 🤇	34653	HASS	AUS -6
	City/State and Zip Code			6 P.
_	openwaterenterprise.		108 108	3:47
	mail address: (to be used for future annual report noti	·	<u> Q</u> r	7
Jeren	ny J. Graham Lindsay A. Christiansen Name of Person	at (813) 777-0066 Area Code & Daytime Tele	ephone 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 3231		
	Enclosed is a check for the following	amount:		
	\$25 Filing Fee \$\square\$ \$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.

0 ,	, <u>, , , , , , , , , , , , , , , , , , </u>					
1. Na	me of the limited liability company: Openwater Enterprise, LI	C				
2 (a) Principal office address of limited liability com		onur 7143 State Road 54 #112				
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)		New Port Richey, Florida 34653				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		7143 State Road 54, #112				
		New Port Richey, Florida 34653				
						
April 4, 2	2013	L13000049856	<u>,</u>			
3. Da	te of filing/registration in Florida	4. Document number				
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida	Dept. o	f State:	:	
	Registered Agent:	The Silverman Law Firm, P.A.				
Registered Office Address:	Registered Office Address:	2154 Seven Springs Blvd., Suite 104		~ 2		
		New Port Richey, Florida 34655	20	- 23		
			<u> </u>	50 S	1	
a v	Chiman de la Calanda de la Cal	W.D. wiekenned Office and d	5-7 1-22-1	1	y = • •	
(D)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	w Registered Office add	ITESS:	-0	٠.	
	NEW Registered Agent:	Jeremy J. Graham		PΫ		
	NEW Registered Office Address:	2206 Bayou Drive	08 (08)	<u>ယ</u> ှ		
	(MUST BE FLORIDA STREET ADDRESS)		- En			
		Holiday	,F	C_34691		
confir and the liabilithe me the or	limited liability company is not organized under the remed that after the change or changes are made, the F he business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	lorida street address of the ical. Or, in the case of a was/were authorized by	e registe Florida an affiri	ered off limited mative	vote of	
Signatu	are of a member or authorized representative of a member					
Printed	remy Graham or type hame of signee	_				
I her comp and I Chap addre	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to me ass I hereby confirm that the limited hability compan	igree to act in this capaci oper and complete perfor sition as registered agen crely reflect a change in to y has been notified in wri	ty. I fur mance of t as pro- he regist ting of t	ther as of my b vided fo tered o his cho	ree to uties, or in ffice inge.	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2013

JEREMY J. GRAHAM 7143 STATE ROAD 54, #112 NEW PORT RICHEY, FL 34653

SUBJECT: OPENWATER ENTERPRISE, LLC

Ref. Number: L13000049856



We have received your document for OPENWATER ENTERPRISE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 513A00017805