## L/6000170208

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000302709040

08/21/17--01015--005 \*\*55.00

17 AUG 21 AM II: 10

S. WARREN AUG 2 2 2017

## COVER LETTER

Division of Corporations		
SUBJECT: Blue Water Dente Name of Lin	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Cynthia Halland Name of Person		
Blue Water Dental Lab L'	<u>LC</u>	
7131 US Hwy 98 West		
PANAMA CITY BEACH FL. 32407 City/State and Zip Code	·	
Bueuntedentallaboanail E-mail address: (to be used for future adjual repo		
For further information concerning this matter, please	call:	
Cynthia Halland at (S	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

1. 1	lame of the limited liability company: Blue Water Dental LAB, LIC
2. (a)	Panama CityBrach  1131 US Hwy 98 West Panama City  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	L1(600170208 9-9-16 L1(6000170208  Date of filing/registration in Florida 4. Document number
	Registered Agest and Registered Office shown on the records of the Florida Dept. of State:  1131 U.S. Hwy 48 West Panama City Reath FL. 324077  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	4131 US Hwy 98 West PANAMa City Beach FL, 324070
	FL
the chagent was/v the ar	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
I her provi. the ob to me	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been are in writing of this change.
Signat	ure of Registered Agent