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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Seas Yacht and Captains Services LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard A GAY Name of Person
Blue Seas Yacht and Captair Services LC
2948 OFAIGE Grove Tr
NAPLES FL 34120 City/State and Zip Code
r, chard-gay @ Com CHST, WCT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Richard GAY at (815) 252-478
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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
S25 Filing Fee S30 Filing Fee SCertificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	nt to secti	on 605.0209, F.S., this document is being submi	tted to correct a previously f	led document.	
FIRST:	: The nan	e of the limited liability company is: Blue	Seas Yacht c	end Captain Seri	
	_	<u></u>		·	
SECOND:		The Florida Document number of the limited lia	ability company is: 417	1000172454	
<u>THIRD</u>	Q :	Document to be corrected is:		<u> </u>	
	<u>(C</u>	HECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICA	BLE STATEMENT	
		an incorrect statement. The incorrect statement are as follows:	it, the reason the statement is	incorrect, and the corrected	
Comp	ALA	me is Spelled	Wrong 9	Should be	
	BL	ue Seas Yachtand	CAPTAIN Se	rvices L.L.C.	
	<u>OR</u>		·		
	Was def	ectively signed. The manner in which the documents:	ment was defectively signed	and the appropriate correction are	
				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	<u>OR</u>			28 28	
	The elec	tronic transmission of the record was defective.			
	· Ku	liant A Day	/-	8-18	
		Signature of Authorized Representative		Date	
Signatur acceptin	re of new ng the des	registered agent, if applicable :(NOTE: if correignation).	ecting the registered agent, th	e new registered agent must sign	
I hereby provision obligation	vaccept tons of all ions of my a change	Agent's Signature, if changing Registered Agenthe appointment as registered agent and agree to statutes relative to the proper and complete pery position as registered agent as provided for in the registered office address, I hereby confirmation to the registered office address.	o act in this capacity. I furthe formance of my duties, and I Chapter 605, F.S. Or, if this	am familiar with and accept the document is being filed to merely	
Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	1	