

**L180000 34429**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

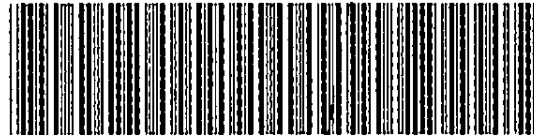
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2019 FEB 11 A 7:18  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE WATER CAPTAIN SERVICES 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:

HOWARD C. ANDERSON

Name of Person

BLUE WATER CAPTAIN SERVICES LLC

Firm/Company

1690 DOUBIE EAGLE TR

Address

NAPLES FL 34120

City/State and Zip Code

HOWARD 9439@COMCAST.NET

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

For further information concerning this matter, please call:

HOWARD ANDERSON at ( 678 ) 521-0913

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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2018 FEB 11 A 7:18  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: BLUE WATER CAPTAIN SERVICES LLC

2. (a) \_\_\_\_\_  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

1690 DOUBLE EAGLE TR.  
NAPLES FL 34120

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

1690 DOUBLE EAGLE TR.  
NAPLES FL 34120

3. 2/7/18  
Date of filing/registration in Florida

4. 41800003-4489  
Document number

5. (a) UNITED STATES CORPORATION AGENTS INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 WINDING OAK COURT  
TAMPA, FL 33612

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

**NEW Registered Office Address:**  
1690 DOUBLE EAGLE TR.  
NAPLES, FL 34120

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.

[Signature]  
Signature of a member or authorized representative of a member

HOWARD ANDERSON  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.

[Signature]  
Signature of Registered Agent