

L19000 116637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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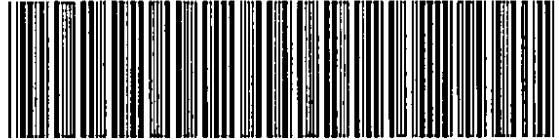
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUE Lagoon Const. LLC
Name of Corporation

DOCUMENT NUMBER: L19000116637

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bobby Ray Chadwick
Name of Contact Person

BLUE Lagoon Const. LLC
Firm/Company

268 HELLER AVE. LOT 9
Address

PENSACOLA City, FL 32404
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
BLUELagoonConstLLC@GMAIL.COM

For further information concerning this matter, please call:

Bobby Ray Chadwick at (850) 247-1361
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Blue Lagoon Construction LLC
2. The principal office address: 268 NELLE AVE. LOT 9
Panama City, FL 32404
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 30, 2019 Document number: L19000116637
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
TAMPA FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bobby R. Chadwick Jr.
268 NELLE AVE. LOT 9
P.O. Box NOT acceptable
Panama City, FL 32404

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SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Bobby R. Chadwick Jr.
Signature of an officer or director

Bobby R. Chadwick Jr.
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Bobby R. Chadwick Jr.
Signature of Registered Agent

5/10/21
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)