

ME7000005674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

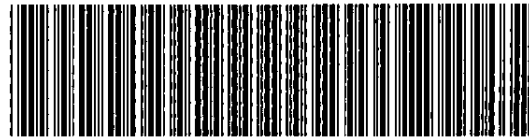
Special Instructions to Filing Officer:

G. MCLEOD

Office Use Only

AUG 17 2011

EXAMINER



100210811781

08/15/11--01020--002 \*\*25.00

FILED  
11 AUG 15 PM 1:23  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATERFRONT ENTERPRISES  
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:

CAREN J. BLENKHORN  
Name of Person

WATERFRONT ENTERPRISES LLC  
Firm/Company

4456 BEECHWOOD LAKE DRIVE  
Address

NAPLES FL 34112  
City/State and Zip Code

BLENKHORN@WORLDPATH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN C. BLENKHORN at ( 239 ) 775-7022  
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

**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.*

1. Name of the limited liability company: WATERFRONT ENTERPRISES LLC  
2. (a) Principal office address of limited liability company: 4456 BEECHWOOD LAKE DRIVE  
NAPLES, FL 34112  
**(Note: MUST BE STREET ADDRESS)**

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

PO BOX 804  
NAPLES, FL 34106

9/20/2007  
3. Date of filing/registration in Florida

MD7000005674  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

NRA1 SERVICES, INC

Registered Office Address:

515 E. PARK AVENUE  
TALLAHASSEE, FL 32301

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

NEW Registered Agent:

Law OFFICES OF Scott M. Ketchum

NEW Registered Office Address:

9180 Galleria Ct.  
Naples, FL 34109  
Suite 400

**(MUST BE FLORIDA STREET ADDRESS)**

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.

Caren J. Blenkhorn  
Signature of a member or authorized representative of a member

CAREN J. BLENKHORN  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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