

ND10000001062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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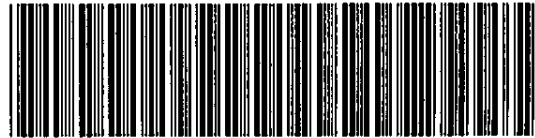
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 APR -3 AM 11:16

R+A/change
10 4/4/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bluewater Maritime School, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000001062

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:

Tina M. Anderson
Name of Contact Person

Bluewater Maritime School, Inc.
Firm/Company

6814 N. Main St.
Address

Jacksonville, FL 32208
City/State and Zip Code

bluewatertina@bms.fdn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina M. Anderson at (904) 766-4797
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: Bluewater Maritime School, Inc.
2. The principal office address: 6814 N. Main St. Jacksonville, FL 32208

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/15/2001 Document number: N01000001062

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)

Bascomb E. Branson (deceased)
4002 Aldington Dr.
Jacksonville, FL 32210

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

Tina M. Anderson
4002 Aldington Dr.
P.O. Box NOT acceptable
Jacksonville, FL 32210

12 APR -3 AM 11:16
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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.

Tina M. Anderson
Signature of an officer or director

Tina M. Anderson, VP
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.

Tina M. Anderson
Signature of Registered Agent

April 1, 2012
Date

If signing on behalf of an entity:

Tina M. Anderson
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 (8/05)