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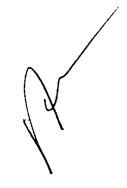


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T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

Bluewater Surrender In	C.			
N04000001887				
nent and fee are submitted for	filing.			
oncerning this matter to the f	ollowing:			
Gail 0	G. Gordon			
(Name o	f Contact Pers	on)		
Bluewate	er Surrender	Inc.		
(Fin	n/ Company)			
P. O. I	Box 439			
((Address)	 		
Tavernie	er, FL 33070	1		
(City/ Sta	ate and Zip Co	de)	· · · · · · · · · · · · · · · · · · ·	 -
gg1(031@mac.co	m		
address: (to be used for futur	e annual repor	t notification)	
g this matter, please call:				
	_	05	587-7144	
e of Contact Person)		Area Code)	(Daytime Telephone Nun	nber)
ing amount made payable to t	he Florida De _l	partment of S	State:	
ertificate of Status Certific (Additi	ed Copy ional copy is	Certifi Certifi (Addit	cate of Status ed Copy ional Copy is	
s <u>s</u>				
	N0400001887 nent and fee are submitted for concerning this matter to the fail (Name of Bluewate (Fire P. O. 1) Tavernie (City/ Stagg 1) address: (to be used for future gathis matter, please call: e of Contact Person) ing amount made payable to the stage of Status (Addit encloses)	Gail G. Gordon (Name of Contact Person) (City/ State and Zip Cogg1031@mac.cogg1031@mac.cogg this matter, please call: at a cof Contact Person) (Address) [Streethor and Interpretation of the Florida Depth of Contact Person) [Streethor and Interpretation of Status] [Streethor and Interpretation of Interpretation of Status] [Streethor and Interpretation of Interpre	No400001887 Itent and fee are submitted for filing. Oncerning this matter to the following: Gail G. Gordon (Name of Contact Person) Bluewater Surrender Inc. (Firm/ Company) P. O. Box 439 (Address) Tavernier, FL 33070 (City/ State and Zip Code) gg1031@mac.com address: (to be used for future annual report notification g this matter, please call: at 1 Area Code) ing amount made payable to the Florida Department of Status Certified Copy (Additional copy is certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) Street Address Street Address	N04000001887 Itent and fee are submitted for filing. Gail G. Gordon (Name of Contact Person) Bluewater Surrender Inc. (Firm/ Company) P. O. Box 439 (Address) Tavernier, FL 33070 (City/ State and Zip Code) gg1031@mac.com address: (to be used for future annual report notification) g this matter, please call: at (Area Code) (Daytime Telephone Numing amount made payable to the Florida Department of State: 43.75 Filing Fee & S43.75 Filing Fee & S252.50 Filing Fee entificate of Status (Additional copy is enclosed) Extreet Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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



December 4, 2018

GAIL G GORDON P.O. BOX 439 TAVERNIER, FL 33070

SUBJECT: BLUE WATER SURRENDER INC.

Ref. Number: N0400001887

We have received your document for BLUE WATER SURRENDER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Gail Gordon sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter IV

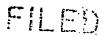
Letter Number: 118A00024845

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OBSEC 12 AM 10: 58

SECRETARY SEE, FL

Articles of Amendment to Articles of Incorporation of



Bluewater Surrender Inc.

2819 DEC 12 A h 84

Didewall	er ourrender ine.	AGE UCL 12 A FIRE
(Name of Corporation as curren	tly filed with the Flor	·
N0400	0001887	FALLAGASSEE, F. Jon 4
(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation N/A	ion:	
		The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated	l" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		enter the name of the
N/A	<u></u>	
Name of New Registered Agent:		
	(FI	orida street address)
New Registered Office Address:		
N/,	4	Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the obligations of the position.
المام الم	2 Had	ered Agent, if changing
Si	ignature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change	<u>D</u>	_	LOEFFLER, HOLT	
Add X Remove				
2) Change	D		ONSGUARD, ROBERT	7271 NW 65th TERRACE
X Add				PARKLAND, FL 33067
Remove				
3) Change	-	_		
Add				
Remove				·
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
(anden daditional sneets, if necessary).	(Be specific)					
N/A						
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	•	11/20/2018	
	e date of each amer e this document was	ndment(s) adoption:signed.	if other than the
Eff	ective date <u>if appli</u> e	11/20/2018	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will no ate on the Department of State's records.	ot be listed as the
Ad	option of Amendme	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) it for approval.	
	There are no mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	11/20/2018	
	Signature		
	•	(By the chairman or Vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Gail Gordon	
		(Typed or printed name of person signing)	
		Executive Director	
		(Title of person signing)	