10P1000001M

(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:	\Box					
• •						

Office Use Only



200221186712

02/16/12--01010--024 **35.00



FEB 1 6 2012 C. MUSTAIN

Super

COVER LETTER

Division of Corporations Blue Water Initiative Corp SUBJECT: Name of Corporation N10000001901 DOCUMENT NUMBER: 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: Morgan James Massey Name of Contact Person Blue Water Initiative Firm/Company 2697 NE 15 St Address Pompano Beach, FL 33062 City/State and Zip Code jimmy@bluewaterinitiative.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Morgan James Massey Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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

statement of cha	nnge is submitted for a co	rporation organizea	07.1508, or 617.1508, Flor I under the laws of the State	e of Florida		
in orde	er to change its registered	l office or registered	agent, or both, in the State	e of Florida.		
1. The name of	the corporation: Blue \	<u> Vater Initiative</u>	e Corp			
2. The principal	office address: 2697 N	E 15 St				
Pompano	Beach, FL 33062					
3. The mailing a	nddress (if different):		· · · · · · · · · · · · · · · · · · ·			
4. Date of incorp	poration/qualification:	02/24/2010	Document number:	N10000001901		
	d street address of the cur rtment of State: (If resign		and registered office on fi	le with the		
	Morgan James Ma	ssey		= X X		
	3216 Canal Drive	STEA - res	signed			
	Pompano Beach, F	FL 33062				
6. The name and (if changed):	d street address of the nev	v registered agent (il	f changed) and /or registere	ad office 20		
	Morgan James Ma	ssey		<u> </u>		
	2697 NE 15 St					
P.O. Box NOT acceptable						
	Pompano Beach, F	L 33062				
The street address changed will	ess of its registered office be identical.	e and the street add	ress of the business office	of its registered agent,		
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.						
Bnatu	re of an office or director		Morgan Massey Printed or typed name	y, President		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the provi d I am familiar with and ing filed merely to reflect to be a notified in writing	istered agent and as sions of all statutes I accept the obligat I a change in the re I of this change.	gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, T	, d complete performance stered agent. Or, if this hereby confirm that the		
	1 1//mg		02/11/20	012		
	nature of Registered Agent		Date			
If signing on be	half of an entity:					
T	yped or Printed Name					

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