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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Blueville Charities Corp.

Name of Corporation

N12000011741

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:

Richard Watchman

Blueville Charities Corp.

Firm/Company

331 Kentia Rd

Address

Casselberry, FL 32707
City/State and Zip Code

richard@bluevillecharities.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Watchman

407 6175921

Area Code & Daytime Telephone Number

Name of Contact Person

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

-	-	7.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of $\overline{F}$		
		egistered agent, or both, in the State of Fi		
1. The name of t	he corporation: Blueville Cha	rities Corp.		
2. The principal	office address: 331 Kentia Ro erry, FL 32707	d,		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/18/20	Document number: N1200	0011741	
	d street address of the current registe trment of State: (If resigned, enter re	ered agent and registered office on file wit signed)	th the	
	UNITED STATES CORI	PORATION AGENTS, INC.		
	13302 WINDING OAKS	S BLVD, SUITE A	II HA	
	TAMPA, FL 33612		2017 HAY 26 SEALTIANS ALLAHASSE	Ξ
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered offi	icens R	
	Richard Watchman		27 RDA	
	331 Kentia Rd,			
	Casselberry, FL 32707	x NOT acceptable		
The street addre	ess of its registered office and the sbe identical.	treet address of the business office of its	registered ager	1t,
Such change wa authorized by th	ns authorized by resolution duly add ne board, or the corporation has been	opted by its board of directors or by an or on notified in writing of the change.	officer so	
Signatu	re of an officer or director	Richard Watchman, Pr		
I further agree i performance of agent. Or, if the	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and comp and accept the obligation of my position o reflect a change in the registered office fied in writing of this change.	plete as registered e address, I	
Sig	nature of Registered Agent	05/16/2017	<del></del>	-
If signing on be	half of an entity:			
Richard W	/atchman yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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