901000019992

| (Re | equestor's Name) | | | | | |
|---|--------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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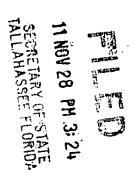
Office Use Only



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COVER LETTER

Amendment Section

TO:

| Division of Co | rporations | , | | | |
|----------------------------|---|--|--|--|--|
| SUBJECT: | Name of Corporation | | | | |
| DOCUMENT NUMB | er: P01 | 1000019992 | | | |
| The enclosed Statemen | t of Change of Registered Offic | ce/Agent and fee are submitted for filing. | | | |
| Please return all corresp | pondence concerning this matte | er to the following: | | | |
| | Kruis R Name of Co | etherford ontact Person | | | |
| K & R Bluewater, Inc | | | | | |
| 1143 E 15th Street Address | | | | | |
| | | ty, FL 32405 and Zip Code | | | |
| E-m | payables@glanail address: (to be used for the | asstream.com future annual report notification) | | | |
| For further information | concerning this matter, please | call: | | | |
| | s Retherford Contact Person | at (850) 873-6205 Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35,00 ch | eck made payable to the Depar | tment 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

| | | | 607.1508, or 617.1508, Flood ander the laws of the Sta | | | |
|--|--|---|--|---|--|--|
| in orde | er to change its registered | office or registere | ed agent, or both, in the Sta | te of Florida. | | |
| 1. The name of | the corporation: K&R | Bluewater, I | nc , | | | |
| 2. The principal | office address: 1143 E | 15th Street, Pa | anama City, FL 32405 | | | |
| | | | 10 to 6 - 10 to | · · · · · · · · · · · · · · · · · · · | | |
| 3. The mailing a | address (if different): Sar | me | | | | |
| 4. Date of incorp | poration/qualification: | 2/22/2001 | Document number: | P01000019992 | | |
| | d street address of the currement of State: (If resigne | | nt and registered office on f | file with the | | |
| | Chris Cadenhead - | Resigned | | · | | |
| | 420 East Pine Ave | | | | | |
| | Crestview, FL 3253 | 9 | | 产品 香 | | |
| 6. The name and (if changed): | d street address of the new | registered agent (| if changed) and /or register | ed offices | | |
| | Kruis Retherford | | | | | |
| | 1143 E 15th Street | D.O. D. MOT | | | | |
| | Panama City, FL 32 | P.O. Box NOT ac | серцавіе | | | |
| The street addre | | · · · · · · · · · · · · · · · · · · · | dress of the business offic | e of its registered agent, | | |
| Such change we authorized by the | as authorized by resolution board, or the corporati | on duly adopted by on has been notifi | y its board of directors or led in writing of the chang | by an officer so e. | | |
| Signatur | e of an officer of director | | Kruis Retherfor | d, President | | |
| i juriner agree i of my duties, an document is bei | the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing | ions of all statute accept the obliga a change in the r | igree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I | y, d complete performance istered agent. Or, if this hereby confirm that the | | |
| Sign | Statute of Registered Agent | | 11/21/2 Date | 011 | | |
| If signing on bel | half of an entity: | | | | | |
| Ty | ped or Printed Name | | | | | |

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