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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 : (561)508-5033 Phone

: (561)694-1639 Fax Number

**Enter the email address for this business entity to be used; for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE BLUE WATER FINANCE, INC.

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Help

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

statement of char	nge is submitted	ctions 607.0502, 617 d for a corporation of	rganized under the l	laws of the State (of Tional		
in order	r to change its)	registered office or re	egistered agent, or b	ooth, in the State o)f Florida.		
1. The name of the corporation: BLUE WATER FINA		ANCE, INC.					
The name of the corporation: 26125 N. Riverwoods Blvd., Suite 500, Mettawa, IL 60045 26125 N. Riverwoods Blvd., Suite 500, Mettawa, IL 60045							
3. The mailing a	ddress (if diffe	rent):					
4. Date of incorp	oration/qualifi	cation: 09/30/2004	Documen	nt number: P0400	00136801		
5. The name and	l street address	of the current register (If resigned, enter re-	red agent and regist	ered office on file	with the		
	CTCORPOR	ATION SYSTEM					
	1200 SOUTH	PINE ISLAND ROAI	D				
	PLANTATIO	N, FL 33324			 :		
6. The name and (if changed):	i street address	of the new registered	l agent (if chauged)	and for registered	i office	<u>.</u>	,
	United Agent	Group Inc.			- 66 ±: 	PH	₹ 5
	801 US Highw	vay 1				ယ္	ار میدرد ای _{میدر} دا
	_		O. Box NOT acceptable			22	
		each, FL 33408					
The street addr	ess of its regist l be identical.	ered office and the s	treet address of the	business office	of its regis	tered as	gent,
Such change wanthorized by	as authorized he board, or th	oy resolution duly ad e corporation has be	opted by its board en notified in writin	of directors or by ng of the change	∤an office ·	r 80	
((I)		Danielle Go:	ssman - Anomey-	in-Pact		
Signa	ere of an officer or o	irector		Printed or typed naroe			
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment to comply with the comply with the comply with the complete the c	ent as registered age the provisions of tr with and accept th y to reflect a change tin writing of this ch	nt and agree to act il statutes relative to e obligation of my in the registered of ange.	t in this capacity, o the proper and position as regis iffice address, I h	complete tered ager tereby con	perform it. Or i firm tha	iance if this it the
			May 14, 202				
Si	gratule of Registere	d Agent		Deta			
lf signing on b	ehalf of an ent	ity:					
Danielle Gossm	an, Special Secr	etary					
	Typed or Printed Na	me					

* * * 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 (04/13)