(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
2. The principal office address: 1039 Normandy Trace Rd
1. The name of the corporation: Bluewater Living Inc. 2. The principal office address: 1039 Normandy Trace Rd Tampa, F2 33602
3. The mailing address (if different):
4. Date of incorporation/qualification: \(\lambda / \dalpha \setminus / 05 \) Document number: \(\lambda 050000 \dalpha 7484 \)
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
3 Christopher U. Pinckney
Schristopher M. Pinckney 5104 Sterling Manor Dr.
Tampa, FL 33647
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Christopher M. Pinckney
Christopher M. Pinckney 1039 Normandy Trace Rd (P.O. Box NOT acceptable)
Tampa, FL 33602
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
Christopher M. Binchney Christopher M. Pinckney President
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) / (Date) If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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