

PD7000003818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

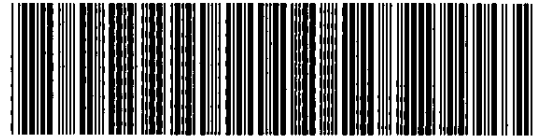
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts SEP 21 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE BEACH GADOL, INC  
Name of Corporation

**DOCUMENT NUMBER:** P07000003818

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:

DAVID BEKHOR  
Name of Contact Person

BLUE BEACH GADOL, INC  
Firm/Company

13336 N CENTRAL AVE  
Address

TAMPA, FL 33612  
City/State and Zip Code

LINDAJMSI1@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA JOHNSON at ( 813 ) 855-7671  
Name of Contact Person Area Code & Daytime Telephone Number

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**

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 FLORIDA

           in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLUE BEACH GADOL, INC.
2. The principal office address: 13336 N CENTRAL AVE  
TAMPA, FL 33612
3. The mailing address (if different): P.O. BOX 280051  
TAMPA, FL 33682
4. Date of incorporation/qualification: 01/09/2007 Document number: P07000003818
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KEITH W KOEHLER  
502 NORTH ARMENIA AVENUE  
TAMPA, FL 33609

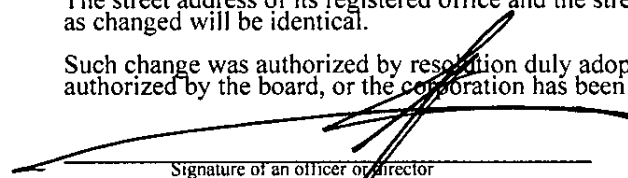
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DAVID BEKHOR  
13336 N CENTRAL AVE  
P.O. Box NOT acceptable  
TAMPA, FL 33612

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TALLAHASSEE, FLORIDA

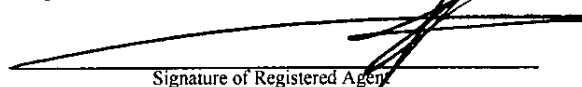
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

DAVID BEKHOR  
\_\_\_\_\_  
Printed or typed name and title

*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

SEPTEMBER 13, 2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

BLUE BEACH GADOL, INC  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314