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COVER LETTER

TO:	Amendment Sec Division of Corp	tion corations						
SUBJ	ECT:	The Blue Gator of	Dunnellon, Inc.					
DOC	UMENT NUMBE	R: P09	0000041915					
The er	nclosed Statement	of Change of Registered Offic	ce/Agent and fee are subn	nitted for filing.				
Please	return all correspondent	ondence concerning this matte	er to the following:					
Robert E Jewett Name of Contact Person								
The Blue Gator of Dunnellon, Inc. Firm/Company								
		T HIDC	ompany					
			illiams Street					
		Ado	dress	·····				
Dunnellon, FL 34432 City/State and Zip Code								
		thebluegat	or@att net					
	thebluegator@att.net E-mail address: (to be used for future annual report notification)							
For fu	rther information o	concerning this matter, please	call:					
		ert E Jewett	at (352)	586-4657 time Telephone Number				
	Name of	Contact Person	Area Code & Day	time Telephone Number				
Enclos	sed is a \$35.00 che	ck made payable to the Depar	rtment of State.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ive Center Circle				

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

statement of cha	nge is submitted for a c	orporation organize	607.1508, or 617.1508, Fl d under the laws of the Std d agent, or both, in the Std	ate of Florida
1. The name of t	the corporation: The I	Blue Gator of I	Dunnellon, Inc.	
2. The principal	office address: 12189	S Williams Stre	et Dunnellon, FL 34	4432
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	05/11/2009	Document number:	P09000041915
	I street address of the cu tment of State: (If resig		at and registered office on	file with the
	Mary Anne Gray,	P.A.		
	216 S. Pine Aveni	ue		
	Inverness, FL 344	452		2811 SF TAI
6. The name and (if changed):			f changed) and /or registe	CRETARY 12
	Robert E Jewett			AH 8: 46
	12189 S Williams	Street P.O. Box NOT acc		08: 4 08: 1
	Dunnellon, FL 34		сершые	On Or
The street addre	ess of its registered offi be identical.	ce and the street add	dress of the business office	ce of its registered agent,
Such change wa authorized by th	as authorized by resolute board or the corpora	tion duly adopted by ation has been notifi	y its board of directors or ed in writing of the chan	by an officer so ge.
Kohisignatur	e of an officer or director		Robert E Jewe Printed or typed nar	ett President ne and title
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as reg o comply with the prov d I am familiar with ar ng filed merely to refle been polified in writin	ristered agent and a visions of all statute. Id accept the obliga ct a change in the re Ig of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,	ity nd complete performance zistered agent. Or, if this I hereby confirm that the
Loss	nature of Registered Agent		3/14/2	010
If signing on bel	half of an entity:		Date	

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