## P12000046931

(Re	equestor's Name)	<u>.</u>				
(Address)						
(Ac	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					

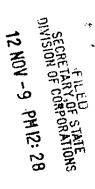
Office Use Only



200241167802

11/09/12--01008--012 \*\*35.00

RA lo ch



NOV 13 ZOIZ T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corpora			•					
SUBJECT:	BlueWare	International Name of Corporation	, Inc.					
DOCUMENT NUMBER: P12000046931								
The enclosed Statement of C	Change of Regis	tered Office/Agent a	nd fee are submitted for filing.					
Please return all correspond	ence concerning	g this matter to the fo	llowing:					
	Rose M. H	arr ame of Contact Pers	on .					
	-							
	BlueWare	<u>Internaitonal</u> Firm/Company	, Inc.					
		1 mile Company						
**************************************	1825 Rive	rview Drive						
		Address						
-	Melbourne	. Florida 329	01					
Melbourne, Florida 32901 City/State and Zip Code								
	rose@blue	ware.net						
E-mail address: (to be used for future annual report notification)								
For further information con-	cerning this mat	ter, please call:						
B		· · · · · ·	24 ) 252 5222					
Rose M. Harr Name of Co	ntact Person	at ( <u>3</u> Ar	21 ) 953-5999 ea Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.								
<u>Ma</u>	iling Address:		Street Address:					
	nendment Secti		Amendment Section					
	vision of Corpo D. Box 6327	orations	Division of Corporations Clifton Building					
	llahassee, FL 3	2314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

•	rovisions of sections age is submitted for a			· ·		
<del>-</del>	to change its registe	•		•		
1. The name of the	ne corporation:	BlueWare	Internation	nal, Inc.		<del></del>
2. The principal of	office address:	1825 River	view Drive			
		Melbourne,	Florida 3	2901		
3. The mailing ad	ddress (if different):_		_			<u></u>
4. Date of incorpo	oration/qualification	4/8/1993	Document r	number: P1200	00046931	
	street address of the ment of State: (If res			d office on file w	rith the	
-	Susan	C. Smith			Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	<u>,</u>
-	1499	South Harvor	City Boule	evard, Suit	te 202 <b>7</b>	326
-	Melbo	urne, Florid	la 32901		- 2	18 S.
6. The name and (if changed):	street address of the	new registered ager	nt (if changed) and	l /or registered of	ffice ?	Tions
-	Rose	M. Harr				
-	1825	Riverview Dr				
_	Melbo	urne, Floric	•			
The street addres	ss of its registered of oe identical.	fice and the street	address of the bus	siness office of i	ts registered agen	t,
Such change was	authorized by resol	ution duly adopted	by its board of d	irectors or by an	officer so	
450	of an officer or director	Jan	Hos	E-M./	Harr	50
I hereby accept to I further agree to performance of nagent. Or, if this hereby confirm to	he appointment as ro comply with the pr ny duties, and I am j document is being hat the corporation	egistered agent and ovisions of all statt familiar with and a filed merely to refl has been notified in	d agree to act in t utes relative to th ccept the obligati ect a change in th n writing of this c	his capacity. e proper and cor ion of my positio e registered offi hange.	nplete n as registered ce address, I	
× Signa	ature of Registered Agent	<u>~</u>		- 5-20	12_	
If signing on beh	alf of an entity:					
Bluew	are Tute	ernationa	1			

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