

P120000058184

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

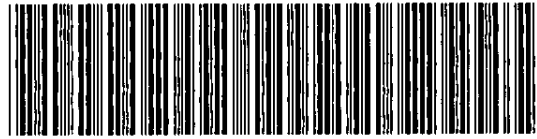
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RA/R0/ch8  
@ 8/15/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Blackwater Hospitality, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P12000058184

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:

Erik Strom

Name of Contact Person

Blackwater Hospitality

Firm/Company

9610 Gulf Blvd

Address

Treasure Island FL 33706

City/State and Zip Code

ClevelandErik@aim.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Strom

Name of Contact Person

at ( 660 ) 537 - 4459

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: Blackwater Hospitality INC.
2. The principal office address: 9610 Gulf Blvd, Treasure Island FL 33706

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/28/12 Document number: P12000058184

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)

## Chuck Bell

1058 S.W. Cario

Port St Lucie FL 34953

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

Erik Strom

9610 Gulf Blvd

P.O. Box NOT acceptable

# Treasure Island FL 33706

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

## Michael Moore

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

Date \_\_\_\_\_

**If signing on behalf of an entity:**

## Erik Strom

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

CR2E045 (03/12)