

P16000056091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 MAY 14 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RO/chg

MAY 16 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Waters Dental Group, PA.

Name of Corporation

DOCUMENT NUMBER: P16000056091

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:

Susan Stewart

Name of Contact Person

Genesis Dental Management, LLC

Firm/Company

3150 Zelda Court

Address

Montgomery, AL 36106

City/State and Zip Code

smszelda@gmail.com

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

For further information concerning this matter, please call:

Susan Stewart

at (334) 281-2451

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

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2018

SUSAN STEWART
GENESIS DENTAL MANAGEMENT LLC
3150 ZELDA COURT
MONTGOMERY, AL 36106

SUBJECT: BLUE WATERS DENTAL GROUP, PA.
Ref. Number: P16000056091

We have received your document for BLUE WATERS DENTAL GROUP, PA. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 718A00009321

*Please
see attached!
Thank you.*

RECEIVED
18 MAY 14 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

**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 Waters Dental Group, PA.
2. The principal office address: 2620 Jenks Ave
Panama City, FL 32405
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/26/2016 Document number: P16000056091
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)

Jones, Robert L., III, Beggs & Lane, RLLP

501 Commendencia St.

Pensacola, FL 32503

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324


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.

x 
Signature of an officer or director

Forrest E. Waters III treasurer/owner
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.

C T Corporation System
By: 
Signature of Registered Agent

05/09/2018

Date

If signing on behalf of an entity:

Kristin Bolden
Assistant Secretary

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)

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2018 MAY 14 AM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA