P21000055148

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BLUE OCEAN WATERSPORTS, INC Name of Corporation	
DOCUMENT NUMBER: P21000055148	
The enclosed Statement of Change of Registered Office/Agent and	d fee are submitted for filing.
Please return all correspondence concerning this matter to the foll	owing:
Pedro P Diaz Maseda Diaz	
Name of Contact Person	
Firm/Company	
4324 W 10th Ave	
Address	
Hialeah, Florida 33012	
City/State and Zip Code	
ppablodmd@gmail.com	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please call:	
Pedro P Diaz Maseda Diaz at (786)327-2813
Name of Contact Person Area	a 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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	7.0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.	
1 The name of	the corporation: BLUE OCEAN WA	TERSPORTS, INC	
	office address: 4324 W 10TH AVE		
4. Date of incor	poration/qualification: 06/10/2021	Document number: P21000055148	
5. The name and		ered agent and registered office on file with the	
	DIAZ MASEDA DIAZ, PEDRO P		
	1750 W 46TH ST 343 HIALEAH, F	FL 33012	
6. The name and (if changed):	d street address of the new registere DIAZ MASEDA DIAZ, PEDRO P	d agent (if changed) and /or registered office	
4324 W 10TH AVE HIALEAH, FLORIDA 33012			
		P.O. Box NOT acceptable	:
		street address of the business office of its registered ag	ent.
Such change wauthorized by t	as authorized by resolution duly as he board, or the corporation has be	dopted by its board of directors or by an officer so ben notified in writing of the change.	
	ire of an officer or director	PEDRO P DIAZ MASEDA DIAZ - PRESIDENT	<u>r</u>
I hereby accept I further agree of my duties, an document is be	t the appointment as registered ag	ent and agree to act in this capacity. Il statutes relative to the proper and complete perform ne obligation of my position as registered agent. Or, i e in the registered office address, I hereby confirm tha	nanc if thi 11 the
7	A poda 3.	06/20/2021	
Sig	enature of Registered Agent	l Aste	
If signing on be	ehalf of an entity:		
	MASEDA DIAZ		
٦	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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