(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entrty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

15/10



700163878247

12/30/09--01005--020 **35.00

COVER LETTER

TO:	Amendmer Division of	at Section Corporations			
SUBJ	ECT:	Blue Water Lan	dscape & Irrigation	on	
DOC	UMENT NU	MBER:	P98000086147		
The er	nclosed States	ment of Change of Registered	Office/Agent and fee are	submitted for filing.	
Please	return all co	rrespondence concerning this	matter to the following:		
		_	EAN ORR		
	•	Name	of Contact Person	······································	
	ORR & COMPANY				
		Fi	rm/Company		
		1315 S. INT	ERNATIONAL PKW	Υ	
		1010011111	Address	<u>· </u>	
		LAKE N	MARY, FL 32746		
		City/S	tate and Zip Code		
		dorr@	arrco-cpa.com		
	_	E-mail address: (to be used	for future annual repo	ort notification)	
For fu	rther informs	tion concerning this matter, pl	lease call:		
10114	itinei iiiotina	aton concorning this matter, pr	icase can.		
		Melody Capehart	at (407	833-2383 Daytime Telephone Number	
	Nan	ne of Contact Person	Area Code	& Daytime Telephone Number	
Enclos	sed is a \$35.0	0 check made payable to the I	Department of State.		
		Mailing Address: Amendment: Section	Street A Amend	ddress: ment Section	
		Division of Corporation		n of Corporations	
		P!ONBOX 6327	Clifton	Building	
		Tallahassee, FL 32314	2661 E. Tallaha	xecutive Center Circle ssee, 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 X in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Blue Water Landscape & Irrigation, Inc.	
2. The principal office address: 655 Aero Lane, Sanford, FL 32746	
3. The mailing address (if different): P.O. Box 953802, Lake Mary, FL 32795	
4. Date of incorporation/qualification: April 14, 2003 Document number: P98000086147	
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)	
Charles R. Capehart, Jr.	
125 Candace Dr.	
Maitland, FL 32751	
Maitland, FL 32751 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Charles R. Capehart, Jr.	
655 Aero Lane	
P.O. Box NOT acceptable Sanford, FL 32746	
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.	
Melody Capehart Melody Capehart, V.P. Signature of an officer of director Printed or typed frame 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:	
Typed or Printed Name	

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