

**F0600005479**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2021 DEC -8 PM 12:50

2021 DEC 18 PM 12:45  
STATE  
TAMPA, FL

**FILED**

**REGISTERED AGENT CHANGE  
LEWIS-WATKINS-FARMER AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lewis-Watkins-Farmer Agency, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F06000005479

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:

**Mary Castillo**

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd. Suite 300

Address

Austin, Texas 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

**Mary Castillo**

Name of Contact Person

at ( 888 ) 705-7274

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Texas \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Lewis-Watkins-Farmer Agency, Inc.
- 2. The principal office address: 3834 SPICEWOOD SPRINGS ROAD SUITE 100  
AUSTIN, TX 78759
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 8/21/2006 Document number: F06000005479
- 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)

**CORPORATION SERVICE COMPANY**  
 \_\_\_\_\_  
 1201 HAYS ST  
 \_\_\_\_\_  
 TALLAHASSEE, FL 32301  
 \_\_\_\_\_

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 2021 DEC 18 PM 12:43  
 DEPT OF STATE  
 TALLAHASSEE, FL

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

**Registered Agent Solutions, Inc.**  
 \_\_\_\_\_  
 155 Office Plaza Dr. Suite A  
 \_\_\_\_\_  
P.O. Box NOT acceptable  
 Tallahassee FL 32301  
 \_\_\_\_\_

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.

1st Patrick L. Watkins  
 \_\_\_\_\_  
Signature of an officer or director

Patrick L. Watkins President  
 \_\_\_\_\_  
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.*

*Mackenzie Hart*  
 \_\_\_\_\_  
Signature of Registered Agent

12/08/2021  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:

Mackenzie Hart, 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 (04/13)