

708773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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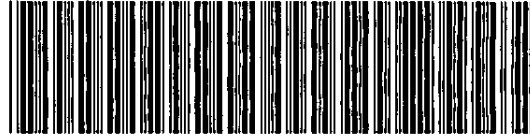
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cottage Hill Water Works, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 708773

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:

Samantha Bracken

Name of Contact Person

Cottage Hill Water Works, Inc.

Firm/Company

16 Williams Ditch Road

Address

Cantonment, FL 32533

City/State and Zip Code

cottagehillwater@panhandle.rr.com

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

For further information concerning this matter, please call:

Samantha Bracken

Name of Contact Person

at ( 850 ) 968-5485

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

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**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: Cottage Hill Water Works, Inc.
2. The principal office address: 16 Williams Ditch Road  
Cantonment, FL 32533
3. The mailing address (if different): PO Box 581  
Cantonment, FL 32533
4. Date of incorporation/qualification: 04/08/1965 Document number: 708773
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)

Mr. Wilborn Wilson

16 Williams Ditch Road

Cantonment, FL 32533

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

William L Dodson

16 Williams Ditch Road

P.O. Box NOT acceptable

Cantonment, FL 32533

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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.

William L Dodson  
Signature of an officer or director

William L Dodson Chairman

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.*

William L Dodson  
Signature of Registered Agent

1-21-2016  
Date

If signing on behalf of an entity:

William L Dodson

Typed or Printed Name

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