

## DOCUMENT #

845889

1. Entity Name

ALFRED ALLEN WATTS CO. INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90116 009 \*\*\*158.75

Principal Place of Business

2295 South Ocean Blvd.  
Palm Beach, FL 33480-5357

Mailing Address

2295 South Ocean Blvd.  
Palm Beach, FL 33480-5357

2. Principal Place of Business

c/o Edwards &amp; Angell

Suite Apt. #, etc.  
250 Royal Palm Way  
Suite 300

City &amp; State

Palm Beach, FL

Zip  
33480-4356Country  
US

3. Mailing Address

c/o Edwards &amp; Angell

Suite Apt. #, etc.  
250 Royal Palm Way  
Suite 300

City &amp; State

Palm Beach, FL

Zip  
33480-4356Country  
US

4. FEI Number

13-5474290

Applied F

Not Appli

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

D.S. Elliott  
1900 Phillips Point West  
777 South Flagler Drive  
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

Name  
Angell Corporate Services, Inc.Street Address (P.O. Box Number is Not Acceptable)  
250 Royal Palm Way, Suite 300City  
Palm BeachFL Zip Code  
33480-4356

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Angell Corporate Services, Inc.

SIGNATURE By:

Signature, typed or printed name of registered agent and his or her title

(NOTE: Registered Agent signature required when reinstating)

DATE

March 23, 2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Elliott, D.S. 1900 Phillips Point West 777 S. Flagler Drive West Palm Beach, FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Kyle, Myra 250 Royal Palm Way Palm Beach, FL 33480-4356 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #