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Office Use Only

B. BOSTICK
JUL 10 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Watts Investme Name of Limited Partnership or Li	mited Liability Limited Partnership
DOCUMENT NUMBER: 496000	02465
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Office and/or Registered Agent and
Please return all correspondence concerning this	matter to:
John Watts Contact Person	
Contact Person	
Walts Investmente, L'	TD
Firm/Company	
906 Skipper Aue	1_1.1
Address	
Fort Walton Beach	FL 32547
City, State and Zip Code	PC Sasq PE FLORIAN
bhannatte @ mac	- C/ A
E-mail address: (to be used for future annual report r	otification)
For further information concerning this matter, p	lease call:
John Watts at (750) 226 7787 Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Florida Department of State.
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Watts Investments, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3. 11000002/65
Date of filing/registration in Florida Aflorida document number Aflorida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Edwin Watts
Edwin Watts Name
1271 N. Ealia Pkwy Address
Address ≥
Shalimar, FL 32579 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
John Watts
Name DT 5
906 Stimer Aug
Name 906 Skipper Aul Florida street address (P.O. Box not acceptable)
Fort Walton Beach FL 32547 City, State and Zip
City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.
Signature of General Partner
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of allistatutes relative to the proper and complete performance of my duties,
and Lam familiar with an accept the obligations of my position as registered agent.
Signature of Registered Agent
Filing Fee: \$35.00 Certified Copy (optional): \$52.50