F0900005029

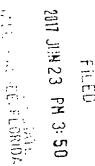
(F	Requestor's Name)	
(A	ddress)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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C. GOLDEN
JUN 2 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: K. Janie Watkins, Inc.
Name of Corporation

POCUMENT NUMBER: F09000005029

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:

Brian Toennies

Name of Contact Person

Brian Toennies & Associates, PC

Firm/Company

9730 E Watson Rd., Suite 100

Address

St. Louis, MO 63126

City/State and Zip Code

paige@toenniescpa.com

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

For further information concerning this matter, please call:

Brian Toennies at (314)842-0477

Name of Contact Person at (314)Area Code & Daytime Telephone

Name of Contact Cook

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Missouri	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: K. Janie Watkins, Inc.	
2. The principal office address: 422 Devon Circle, St. Augustine, FL 32086	
3. The mailing address (if different): 9730 E Watson Rd., Suite 100, St. Louis, MO 63126	
4. Date of incorporation/qualification: 12/16/2009 Document number: F0900005029	
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)	
Watkins, Kathleen J	
7145 A1A South Unit 32	
7145 A1A South Unit 32 St Augustine, FL 32080	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Watkins, Kathleen J	
422 Devon Circle	
P.O. Box NOT acceptable	
St. Augustine, FL 32086	
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.	
Kathleen J Watkins Signature of an officer or director Finited 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.	
Kathleen J. Watheris 06-21-2017 Signature of Régistered Agent Date	
If signing on behalf of an entity:	
kathleen J Watkins	
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 (03/12)