

F2000004366

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000178206 3)))



H210001782063ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2021 MAY -4 PM 2:47

SECRET
TALLAHASSEE, FL

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

From: Account Name : INCORP SERVICES INC
Account Number : I201200000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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

Email Address: documents@incorp.com

SECRET
TALLAHASSEE, FL
PM 3:50

**REGISTERED AGENT CHANGE
WATERSHED HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

H210001782063

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Watershed Health, Inc.
Name of Corporation

DOCUMENT NUMBER: F20000004366

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:

Amanda Morehouse

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Amanda Morehouse on behalf of InCorp Services, Inc. at (702) 866-2500

Name of Contact Person

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

#216001782063

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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Watershed Health, Inc.
2. The principal office address: 800 W Commerce STE 201
New Orleans, LA 70123
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/07/2020 Document number: F20000004366
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)

URS AGENTS, LLC3458 Lakeshore Dr.Tallahassee, FL 32312

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

InCorp Services, Inc.17888 67th Court NorthP.O. Box NOT acceptableLoxahatchee, FL 33470

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.

Signature of an officer or directorArthur G. Grant, PresidentPrinted 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.

Signature of Registered AgentMay 3, 2021Date

If signing on behalf of an entity:

Isabel Burgos on behalf of InCorp Services, Inc.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)

#216001782063