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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB.		INS COMMERCIAL	
	Name	Limited Liability Compa	any
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registere	Office Change and fee(s)) are submitted for filing.
Pleas	e return all correspondence concern	g this matter to the follow	ving:
	WILSHARD WATKIN		
	Name of Person		-1 N
			20 B SEP SEGRE TA TALLAHA
	WATKINS COMMERCIAL	LLC	AR SE
	Firm/Company		TAR) ASSI
			- hi
	1064 AZALEA LANE		F. S
•	Address		AM ID 52 OF STATE E. FLORIDA
	WINTER PARK, FL 327	9	,
	City/State and Zip Code		
	16/16/14. Watki NSQ (M.) -mail address: (to be used for future annual rep	av).com notification)	
For fu	urther information concerning this n	tter, please call:	
	WILSHARD WATKINS	at (<u>678</u>)	207-8775
	Name of Person	Area Code &	Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING AI	DDRESS:
	Registration Section Registration Section		
	Division of Corporations	Division of Co	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Fi	forida 32314
	Enclosed is a check for the follo	ing amount:	
	\$25 Filing Fee	\$55 Filing F	ee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	WATKINS COMMERCIAL, LLC				
2. (a) Principal office address of limited liability company:					
(Note: MUST BE STREET ADDRESS)	1470 GENE STREET WINTER PARK, FL 32789				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	1470 GENE STREET WINTER PARK, FL 32789				
5/4/2010	L10000048859				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	WILSHARD WATKINS				
Registered Office Address:	1470 GENE STREET SHOWN TER PARK, FL 32789				
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	ASS -2				
MUST BE FLORIDA STREET ADDRESS					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the organization of the limited liability company.					
Signature of a member or authorized representative of a member					
WILSHARD WATKINS Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of i Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.				
Signature of Registered Agent	the state of the s				