L15000017333

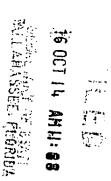
(Requestor's Name)
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OCT 1 4 2016
Y SULKER



September 22, 2016

DEAN WILLIAM WATSON 1210 SW DYER POINT ROAD PALM CITY, FL 34990

SUBJECT: KATHLEEN WATSON INTERIORS, LLC

Ref. Number: L15000017333

We have received your document for KATHLEEN WATSON INTERIORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00020396

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

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COVER	LELIER

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TO:	Registration Section
	Division of Corporations

SUBJECT: KATH LEEN WATSON INTERIORS, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEAN WATSON
Name of Person

1210 SW DYER POINT RD.

Firm/Company

Parmetry FL 34990

<u>deanwatson 11 9 comeast</u>. net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEAN WATSON

at (**772**

323-1718

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: KATHLEEN WATS	SON INTER	ZIORS	, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1210 SW DYCR POINT RD, Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Palm City FL 34990 PA	LMCITY	FL	<u>34990</u>	
2		L150000		3	
3. 5. (a)	Date of filing/registration in Florida 4. UNITED SHATES CORPORATION AGENT Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 13302 WINDING OAK COURT A		er		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TAMPA FL ,FL 33612	_	4 51		
(b)	DEAN W WATSON Enter name of NEW Registered Agent and/or NEW Registered Office address:	_	ALL AND SEE	16 OCT 14	
	1210 SW DYER POINT. RD. NEW Registered Office Address: PALM CITY	_			
	,FL_34990	_			
the charagent was/we the anti- Signat I hereb provisite the oblite to mere	mited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it are authorized by an affirmative vote of the members of the limited liability conclusions of organization or the operating agreement of the limited liability conclusion. **Allow Market State St	te and the business is hereby confirmed ty company or as o mpany. Printed or typed name again. I further again.	office of the d that the c therwise properties of signee	ne registered hange(s) rovided in	
7	e of Registered Agent				