

L17000056076

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TO: Registration Section
Division of Corporations

SUBJECT: Watson Home Improvement & Property Services, 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:

Owen Watson
Name of Person

Watson Home Improvement & Property Services LLC
Firm/Company

3960 A1A S. # 912
Address

St. Augustine, FL 32080
City/State and Zip Code

OwenWatson112887@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owen Watson at (904) 417-5879
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

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. Name of the limited liability company: Watson Home Improvement & Property Services, LLC

2. (a) 3960 A1A S. # 912

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

St Augustine, FL 32080

(b) 3960 A1A S. # 912

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

St Augustine, FL 32080

3. 02/08/2017
Date of filing/registration in Florida

4. L17 000056 076
Document number

5. (a) Kimberly Frey
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3960 A1A South

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#912

St Augustine, FL 32080

(b) Owen Watson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6685 A1A South

NEW Registered Office Address:

B-unit

St Augustine, FL 32080

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 operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Owen Watson
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent