MOUXXXXX5

| (Requestor's Name) (Address) | | |
|--|---|--|
| (Address) | 600205217086 | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL | 04/29/1101015007 **35.00 | |
| (Business Entity Name) (Document Number) | | |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | 2011 APR 29 PM 5 | |
| | Man 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |

Office Use Only

COVER LETTER

| | EDIENDS OF WATS | | |
|-------------------------|---|-------------------------------------|---|
| SUBJECT: | FRIENDS OF WATS | Corporation | <u>·</u> |
| DOCUMENT NUMI | BER:NO | 000005195 | |
| The enclosed Stateme | nt of Change of Registered Offi | ce/Agent and fee are sub | mitted for filing. |
| Please return all corre | spondence concerning this matt | er to the following: | |
| | | Hamm ontact Person | |
| _ | | Office, P.A. | |
| _ | | ox 109 dress | |
| _ | Panama Ci City/State a | ity, FL 32402 and Zip Code | |
| - E- | Loheal@gmail address: (to be used for | gmail.com future annual report n | otification) |
| For further informatio | n concerning this matter, please | call: | |
| | oree Hamm | at (850) | 763-1550 aytime Telephone Number |
| Name | of Contact Person | Area Code & Da | aytime Telephone Number |
| Enclosed is a \$35.00 c | heck made payable to the Depa | rtment of State. | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Clifton Bui | t Section Corporations Iding Itive Center Circle |

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Flor Inge is submitted for a corporation organized under the laws of the State | | _ |
|--|---|---|--------------------|
| | r to change its registered office or registered agent, or both, in the State | | _ |
| 1. The name of | the corporation: Friends of Watson Bayou, Inc. | | |
| | office address: 233 South Cove Terrace | | |
| Panama C | ity, FL 32401 | | |
| 3. The mailing a | ddress (if different): | | - |
| 4. Date of incorp | poration/qualification: 08/09/2000 Document number: | N0000000519 | 5 |
| | I street address of the current registered agent and registered office on fil tment of State: (If resigned, enter resigned) | e with the | |
| | William G Hamm | | |
| | 1007 Jenks Ave | | |
| | Panama City, FL 32401 | \$\sqrt{p}_{\sqrt{s}} \ \ 2 | |
| 6. The name and (if changed): | I street address of the new registered agent (if changed) and /or registered | d office | 1 to |
| | William W. Gerald Hamm | | E TO |
| | 465 Grace Ave | PA | |
| | P.O. Box NOT acceptable | - S: 18 | No. |
| | Panama City, FL 32401 | S | |
| The street addre as changed will | ess of its registered office and the street address of the business office be identical. | of its registered age | nt, |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change | y an officer so | |
| Ne signatur | Joree Hamm, re of an officer of director Printed or typed name | Secretary and title | |
| I hereby accept I further agree i of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as regising filed merely to reflect a change in the registered office address, I have been notified in writing of this change. | , I complete performa stered agent. Or, if i hereby confirm that i | nce this the |
| V- A | nature of Registered Agent Date | 2011 | _ |
| lf signing on be | half of an entity: | | |
| Ty | yped 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 (8/05)