

P05000115433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D. Watson Services Inc.
Name of Corporation

DOCUMENT NUMBER: P05000115933

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:

Dillon Harris
Name of Contact Person

Firm/Company

2604 Shadecrest Rd
Address

Land o lakes, FL 34639
City/State and Zip Code

DoH1014@aol.com

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

For further information concerning this matter, please call:

Dillon Harris at (813) 505-3197
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2013

DILLON HARRIS
2604 SHADECREST RD
LAND O LAKES, FL 34639

SUBJECT: D. WATSON SERVICES, INC.
Ref. Number: P05000115933

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

Please add the name of the registered agent to part 6 of your form.

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) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 413A00022096

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

1. The name of the corporation: D Watson Services Inc
2. The principal office address: 2604 Shadecrest Rd
Land O Lakes, FL 34639
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-15-2005 Document number: POS000115933
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)

Resigned

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

Dillon Harris
2604 Shadecrest Rd
Land O Lakes FL 34639

P.O. Box NOT acceptable

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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.

Valerie M Watson
Signature of an officer or director

VP Valerie M Watson
Printed 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.

Dillon Harris
Signature of Registered Agent

9-9-13
Date

If signing on behalf of an entity:

Dillon Harris
Typed or Printed Name

*** FILING FEE: \$35.00 ***