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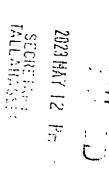
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	Certificates of Status
Special Instructions to Filing	g Officer: JUL 24 2023

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WATSON CERTIFIED BUILDING CONTRACTORS, INC. Name of Corporation
DOCUMENT NUMBER: P 14 0000 64 706
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:
DUANE A WATSON Name of Contact Person WATSON COMMERCIAL REAL ESTATE, INC Firm/Company 335 S. PLUMOSA ST. Address MERRITT ISLAND, FL 3295L City/State and Zip Code Luane & Luane Watson. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DUANE A WATSON at (321) 223-8845 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 Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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
1. The name of the corporation: WATSON CERTIFIED BUILDING CONTRACTOM, 2. The principal office address: 335 S. PLUMOCA ST. MERIT ISLAND, FL 32952
3. The mailing address (if different):
3. The mailing address (if different): 4. Date of incorporation/qualification: \(\frac{Y/O1/2014}{2014}\) Document number: \(\frac{P140800 64706}{2000}\)
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)
JOHN SOILEAU
3490 NORTH U.S. HWY 1
COCOA, FL 32926
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DUANE A WATSON 335 S. PLYMUSA ST. P.O. Box NOT acceptable MFAR', TT TSLAND FL 32951
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.
Manufactor of director DUANE A 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. Signature of Registered Agent Date
If signing on behalf of an entity:
DUANE A WATSON Typed or Printed Name

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