

P14 000064706

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE

2023 MAY 12 PM



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WATSON CERTIFIED BUILDING CONTRACTORS, INC
Name of Corporation

DOCUMENT NUMBER: P14000064706

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 32956
City/State and Zip Code

DUANE @ DUANEWATSON.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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: WATSON CERTIFIED BUILDING CONTRACTOR, IA
2. The principal office address: 335 S. PLUMOSA ST.
MERRITT ISLAND, FL 32952
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/01/2014 Document number: P140000 64706
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. PLUMOSA ST.
MERRITT ISLAND, FL 32952

P.O. Box NOT acceptable

SECRETARY
TALLAHASSEE

2023 MAY 12 PM

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.

DUANE A WATSON
Signature of an officer or 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.

DUANE A WATSON
Signature of Registered Agent

3/24/2023
Date

If signing on behalf of an entity:

DUANE A WATSON
Typed 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

CR21E045 (04/13)