Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000237964 3)))

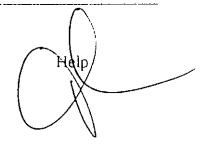


H230002379643APC3

| Note: | DO NOT hit the REFRESH/RELOAD but Doing so will generate anoth | | from this page. | |
|-------------|--|------------------|-----------------|--|
| 7 | Γo: | | ; | |
| | Division of Corporations Fax Number : (850)617-6 | 380 | | |
| F | rom: | | | |
| | Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 | | | |
| | Phone : (307)200-28 Fax Number : (813)436-52 | | | |
| | Fax Number : (813)436-52 | 206 | | |
| ar | the email address for this busines nnual report mailings. Enter only o | ne email address | | |
| \sim | | | | |
| PM 8: | | | | |
| | Certificate of Status | 0 |] | |
| iz3 JUL - 7 | Certified Copy | 0 | | |
| T S | Page Count | 02 | | |
| <u> </u> | Estimated Charge | \$35.00 | | |

Electronic Filing Menu

Corporate Filing Menu



7/6/2023 t5:00:44 PDT To: 18506176380 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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

| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statt ange is submitted for a corporation organized under the laws of the State of <u>Flo</u> er to change its registered office or registered agent, or both, in the State of Flori | orida |
|--|---|----------------------------------|
| 1. The name of | the corporation: WATCH STREET CONSULTING, INC. | |
| 2. The principal | office address: | |
| 3. The mailing a | address (if different): | |
| 4. Date of incor | poration/qualification: 06/19/2019 Document number: P1900005 | 2058 |
| | d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) | пе |
| | MONTGOMERY, TREVOR | |
| | 5753 HWY 85 N #6666 | 201 |
| | CRESTVIEW, FL 32536 | 7023 JUL |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | -1 |
| | Registered Agents Inc | ز <u>د</u> ، - |
| | 7901 4th St N STE 300 | ယ ဟ |
| | P.O. Box NOT acceptable St. Petersburg, FL 33702 | |
| The street address changed will | ess of its registered office and the street address of the business office of its registerial. | gistered agent, |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an offine board, or the corporation has been notified in writing of the change. | cer so |
| Trevor Montgomery - President Signature of an officer of precior Trevor Montgomery - President Princed or Typed name and Title | | |
| l hereby accept I further agree of my duties, an document is bei | 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 completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address. I hereby cost been notified in writing of this change. | te performance ent Or if this |
| Sig | WID DOUTS 07/06/2023 | |
| If signing on be | chalf of an entity: | |
| | David Roberts Syped or Printed Name | |
| | * * * FILING FEE: \$35.00 * * * | |