

P21 0000 71077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

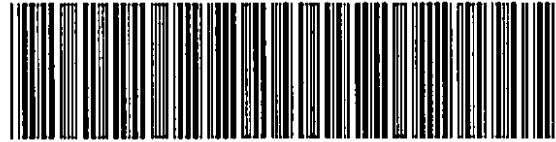
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Masterpiece Pool Plastering of florida Inc
Name of Corporation

DOCUMENT NUMBER: P21000071077

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:

Erfrem Watson
Name of Contact Person
Masterpiece pool plastering of florida inc
Firm/Company
120 Santa Lucia Dr
Address
Fort myers , FL 33916
City/State and Zip Code

mppoolplastering@gmail.com

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

For further information concerning this matter, please call:

Erfrem Watson at (239) 878-4218
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Masterpiece Pool Plastering of Florida Inc
2. The principal office address: 120 Santa Lucia Dr
Fort Myers, Florida 33916
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/06/2021 Document number: P21000071077
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)

Hopson, Mary (RESIGNED)

4947 Jeannie Lane

Fort Myers, Florida 33905

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

Watson, Erfrem

120 Santa Lucia Dr

P.O. Box NOT acceptable

Fort Myers, Florida 33916

STATE OF FLORIDA
TALLAHASSEE, FL

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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.

Erfrem Watson
Signature of an officer or director

Erfrem 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.

Erfrem Watson
Signature of Registered Agent

08/09/2021

Date

If signing on behalf of an entity:

Erfrem 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
CR2E045 (04/13)