P22000025170

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(Re	equestor's Name)				
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(AC	idless)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(0.	- Control of the Alberta	-1			
(Bu	isiness Entity Nam	e)			
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Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Scott Home Watch, Inc.
Name	of Corporation
DOC	UMENT NUMBER: P22000025170
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Jane B	3 Scott
Name	of Contact Person
Scott F	Home Watch, Inc.
Firm/0	Company
3508 1	09th Ave N
Addre	SS
Naples	s, FL 34108
City/S	tate and Zip Code
	josephcabotscott@gmail.com
E-mai	address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Joseph	all 1
	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

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	unge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Status rganized under the laws of the State of Florids egistered agent, or both, in the State of Florid	a			
1. The name of	the corporation: Scott Home Watch, In	ю				
2. The principal	office address: 508 109th Ave N, Naple	es, FL 34108				
3. The mailing a	address (if different): 508 109th Ave N	Naples Florida 34108				
4. Date of incorporation/qualification: 4/5/22		Document number: P22000025170)			
	d street address of the current register trent of State: (If resigned, enter res	red agent and registered office on file with the signed)	21			
	Homsi Law, P.A.	TAL AL	J23 J	regag		
	8815 Conroy-Windermere Rd., #402	LETA:		Serve Serves		
	Orlando, FL 32835	A S S S	PH	1 () ()		
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered office	H 4: 35			
	Registered Agents Inc					
	7901 4th St N STE 300					
P.O. Box NOT acceptable						
	St. Petersburg FL 33702					
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its regi	istered a	igent,		
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officin notified in writing of the change.	er so			
Sand	Short	Jane B Scott Ples (dent				
Signatu	re of an officer or director	Printed or typed name and title	-			
l further agrée l of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all . d I am familiar with and accept the ng filed merely to reflect a change i. been notified in writing of this chai	statutes relative to the proper and complete obligation of my position as registered age n the registered office address, I hereby cor	e perfori int. Or, nfirm th	nance if this at the		
David Roens		7-5-2023				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
David Roberts						
Typed or Printed Name						

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