Florida Department of State

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REGISTERED AGENT CHANGE THE WATERSHED TREATMENT PROGRAMS, INC.

Certificate of Status	0
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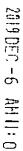
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C. GOLDEN

DEC - 9 2019



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

statement of change is submitted for a corporation organized under the law	vs of the State of FLORIDA
in order to change its registered office or registered agent, or both 1. The name of the corporation: THE WATERSHED TREATMENT PROGRA	•
The name of the corporation. The principal office address: 200 Congress Park Drive, Suite 100, Delray Be	
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/05/1998 Document n	number: P98000012156
The name and street address of the current registered agent and registered Florida Department of State: (If resigned, enter resigned)	d office on file with the
KIRSE, PATRICK S	
200 CONGRESS PARK DRIVE, STE 100	
DELRAY BEACH, FL 33445	
6. The name and street address of the new registered agent (if changed) and (if changed):	ੀ/or registered office । ਨ
C T Corporation System	=
c/o C T Corporation System, 1200 South Pine Island Road	MH 11: 00
P.O. Box NOT neceptable	
Plantation, Florida 33324	
The street address of its registered office and the street address of the bus as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of di authorized by the board, or the corporation has been notified in writing of	rectors or by an officer so
Will MA-A WHEIDA	BHIND, AS ROCEIVAN
William G. Rill I hereby accept the appointment as registered agent and agree to act in it I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I amfamiliar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the thereby confirm that the corporation has been notified in writing of this ch	ortyped neme and nue ng. as Receiver his capacity. is roper and complete on of my position as registered e registered office address, I hange.
By: I Vaden Liber	12/4/19
If signing on behalf of an entity. Madonna Cuddihy	Date
Assistant Secretary Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMEN MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAL CR2E045 (03/12)	t of State Lahassee, FL 32314

FLOOL - 6/25/2019 Welters Klarver Chillee