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**EXAMINER** 

# MOODY, SALZMAN & LASH

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CERTIFIED CIRCUIT MEDIATOR
ROBERT A. LASH
Also: CERTIFIED GENERAL CONTRACTOR

PERSONAL INJURY AND WRONGFUL DEATH WORKERS' COMPENSATION FAMILY LAW CONSTRUCTION LAW GENERAL PRACTICE

April 29, 2009

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

Re: THE WATERSHED GROUP, INC.

Dear Sir or Madam:

Enclosed please find:

- 1. Statement of Change of Registered Agent;
- 2. My firm check in the amount of \$35.00.

Please file the above at your earliest convenience. Thank you for your courtesy and cooperation.

Very truly yours,

Anthony

**Salzma**h

AJS/dg Enclosures

## 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 607.1508, Elorida Statutes, the undersigned corporation organized under the laws of the State of Planta, Sabmits the following statement in order to change its registered office or registered agent, & & State of Florida.

1. The name of the Corporation: THE WATERSHED GROUP, INC.

2. The mailing address of the Corporation: 5745 S.W. 75th Street #323 Gainesville, FL 32608

3. Date of Incorporation/Qualification: 05/24/99 Document Number: P99000048096

4. The name and address of the current registered agent and office:

> Patrice C. Moore 5745 S.W. 75th Street #323 Gainesville, FL 32608

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

> Anthony J. Salzman, Esq. 500 East University Avenue, Suite A Gainesville, FL 32601

The street address of its registered office and the street address of the business office of its registered, 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.

(Signature of an officer, chairman, or vice chairman of the board)

PATRICE C. MOORE

HAVING BEEN NAMED as Registered Agent to accept service of process for the above-named corporation, 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.

(Signature of registered agent)

DIVISION OF CORPORATIONS

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

P.O. BOX 6327

TALLAHASSEE, FL 32314