

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
SEP 2 4 2025

Office Use Only



000454567790

2025 SEP 23 AM 10: 50

2020 SEP 23 - AH IO: 16

(E)/(E)

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# incserv

#### **ORDER FORM**

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 9/23/2025

**PRIORITY** Regular Approval

OUR REF # (Order ID#), 1411844

ORDER ENTITY

Sincerely,

CORNERSTONE-ICM OAK PLANTATION, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: CORNERSTONE-ICM OAK PLANTATION, LLC (FL)
File the attached change of agent document
NOTES: \$25.00 Authorized
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052
Please bill the above referenced account for this order.
If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, September 23, 2025 Page 1 of 1

#### **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	Cornerstone-ICM Oak Plantation, LLC		
SUBJECT		of Limited Liab	oility Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.
Please retu	urn all correspondence concerning this	matter to the fo	llowing:
Dean Chan	ng		
	Name of Person		•
Calmwater	- Capital		_
·	Firm/Company		
507 S. Dou	iglas St, 2nd Floor		_
	Address		
El Segundo	o, CA 90245		_
	City/State and Zip Code		
•	iyable@calmwatercapital.com	n,	•
	ail address: (to be used for future annua		ation)
For further	r information concerning this matter, pl	lease call:	
Dean Chan	g	310 at (	806-9770
•	Name of Person		Area Code & Daytime Telephone Number
ST	TREET/COURIER ADDRESS:		LING ADDRESS:
	egistration Section		stration Section
	ivision of Corporations		sion of Corporations
	lifton Building		Box 6327
	61 Executive Center Circle allahassee, Florida 32301	Talla	hassee, Florida 32314
E	nclosed is a check for the following a	mount:	
œ	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18 (2/	(14)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. (a)		(b) _	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4090 Enchanted Oaks Cir	50	07 S. Douglas St., 2nd Floor
	Kissimmee, FL 34741	E	El Segundo, CA 90245
	4/14/2022	М	122000005791
	Date of filing/registration in Florida	4.	Document number
(0)			
. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	ept, of State:
	Adam T. Wonus		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	201 S. Bumby Ave, Suite 200		
	Orlando	32803	2 3
	Orlando, F	L	NZS S
(L)			NISTORE, NISTORE,
(b)	Enter name of NEW Registered Agent and/or NEW Register		2025 SEP 23
(b)	Enter name of NEW Registered Agent and/or NEW Registers		12.
(b)	Enter name of NEW Registered Agent and/or NEW Registers  Corporation Service Company		12.
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:		12.
(b)	Enter name of NEW Registered Agent and/or NEW Registers  Corporation Service Company		ARY OF STATE OF THE STATE OF TH
(b)	Enter name of NEW Registered Agent and/or NEW Registers  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street	ed Office addre	ARY OF SIME CO
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	ed Office addre	ARY OF STATE OF
the lace chargent was well	Enter name of NEW Registered Agent and/or NEW Registers  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street	aws of the State of the register liability compared of the limite.	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in
the late chargent was/we	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  , F  imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	aws of the State of the register liability compared of the limite.	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in bility company.
the I the chargent vas/we art	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  , Familied liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of amender of a member of amender of a member of amender of a member of a me	aws of the State of the register liability compared the limited liab Dean C	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in bility company.  Chang  Printed or typed name of signee
the late chargent was/was articles articles articles articles are obtained articles are obtained	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  Tallahassee  Tallahassee  Formula imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of the register liability compared to get in the limited liab	ate of Florida, it is hereby confirmed that after red office and the business office of the register pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided is bility company.  Chang  Printed or typed name of signee.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00