

B15000000289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

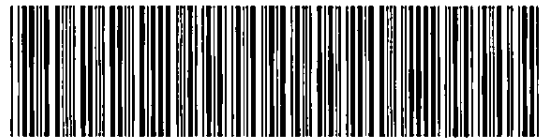
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600438829476

L P Amend

FILED  
2024 OCT 30 AM 9:36  
CLERK OF STATE  
TALLAHASSEE, FL

FILED  
2024 OCT 30 PM 3:55  
CLERK OF STATE  
TALLAHASSEE, FL

A. RAMSEY

NOV 13 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**  
Please give original  
submission date as file date.

October 31, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: WATERFORD CORE OPERATING LP  
Ref. Number: B15000000289

We have received your document for WATERFORD CORE OPERATING LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

Are you adding a general partner on line #3? There is just an address listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 524A00024012

RECEIVED

2024 NOV 12 PM 4:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32301



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the signature line.

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 10/30/24  
Order #: 1665724-7  
Re: Waterford Core Operating LP  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$52.50 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waterford Core Operating LP  
\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Donna Cohen

\_\_\_\_\_  
Contact Person

TIAA

\_\_\_\_\_  
Firm/Company

730 Third Avenue

\_\_\_\_\_  
Address

New York, NY 10017

\_\_\_\_\_  
City, State and Zip Code

subsidiaryregulatoryreportingteam@tiaa.org

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

 at ( \_\_\_\_\_ )  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|---|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

2024 OCT 30 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Waterford Core Operating LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B15000000289

3. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 10/21/2015

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:  
Name: Business Address:

Charles Russo

801 Brickell Avenue, Suite 2310

☐ Add

☐ Remove

Miami, FL 33131

☒ Change

Brenda Wilson

8625 Andrew Carnegie Blvd., 2nd Floor

☒ Add

☐ Remove

Charlotte, NC 28262

☐ Change

John Cornuke

4675 MacArthur Court, 11th Floor

☒ Add

☐ Remove

Newport Beach, CA 99133

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

---

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

---

---

---

---

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

Donna Cohen

Typed or printed name:

Donna Cohen

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75