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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: WATERFRONT INN, LLC			
		e of Li	imited L	iability Company
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	ice Cha	ange and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matte	er to the	following:
Erick	D. Langenbrunner, Esq.			
	Name of Person	·		
Holdi	ing Company of The Villages, Inc.			
	Firm/Company			
3619	Kiessel Road			_
	Address			
The '	Villages, Florida 32163			
	City/State and Zip Code			
legal	notices@thevillages.com			
1	E-mail address: (to be used for future ann	ual rep	ort noti	fication)
For fu	rther information concerning this matter,	please	call:	
Chris	iti Jacquay	at (352	յ 753-6612
	Name of Person	_ `		Area Code & Daytime Telephone Nun
	STREET/COURIER ADDRESS:		M	AILING ADDRESS:
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Ta	allahassee, Florida 32314
	Enclosed is a check for the following	amou	nt:	
	☑ \$25 Filing Fee		□ \$	55 Filing Fee & Certified Copy
INHS1	8 (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.

orida Na	ane of the limited liability company: WATERFRC	NT INN,	LLC
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) The Villages, Florida 32163	(b)	3619 Kiessel Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) The Villages, Florida 32163
	03/07/2007	-	L07000025217
	Date of filing/registration in Florida	4.	Document number
(a)	Erick D. Langenbrunner, Esq.		
, ,	Registered Agent and Registered Office shown on the records o	f the Florida E	Dept. of State:
	1020 Lake Sumter Landing		
(b)	The Villages, F	J32162	ALLAHASSEE TLORIO,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 3617 Kiessel Road	d Office addr	TORID. IE
	NEW Registered Office Address: The Villages	L 32163	
e cha ent w as/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the S if the registe iability con of the limit e limited lia	ered office and the business office of the registered appany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	ture of a member or authorized representative of a member	Littor	Printed or typed name of signee

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Erick D. Langenbrunner, Esq.

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