## 108000019065

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## COVER LETTER

Division of Corporations						
. $_{ ext{SUBJECT:}}$ WATERFRONT INN COM	MERICAL PARTNERS, LLC					
	me of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning t	his matter to the following:					
Erick D. Langenbrunner, Esq.						
Name of Person						
Holding Company of The Villages, Inc	)					
3619 Kiessel Road						
Address						
The Villages, Florida 32163						
City/State and Zip Code						
legalnotices@thevillages.com  E-mail address: (to be used for future and	nual report notification)					
For further information concerning this matte	r, please call:					
Christi Jacquay	at ( 352 ) 753-6612					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

## 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.

1. N	ame of the limited liability company: WATERFRO	NT INN	COMME	RICAL PARTN	NERS, I	LLC	
2. (a)	3619 Kiessel Road  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	The Villages, Florida 32163	_	The Vill	ages, Florida (	32163		
	02/22/2008		L080000	19065			
3.	Date of filing/registration in Florida	4.		Document numb	oer		
5 (a	Erick D. Langenbrunner, Esq.						
5. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:			
	1020 Lake Sumter Landing		•				
	Registered Office Address	ADDRESS	7	-			
(b)	The Villages , FI  Enter name of NEW Registered Agent and/or NEW Registered			-	TALLAH	2018 JU	<b>T</b> I
	3617 Kiessel Road	3 1711111 1111			ASSEE.	אַ טון ווט אָ	FILE
	NEW Registered Office Address:			-	LAHASSEE FLORIDI	94 is 54	
	The Villages , FI	L <u>32163</u>	3	_			
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regis iability co of the lim	stered office oupany, it is ited liability	e and the busines s hereby confirm y company or as	s office a	of the re he chan	egistered (ge(s)
	111102-			genbrunner, E	sa		
Sign	ature of a member or authorized representative of a member		D. Cario	Printed or typed na		100	
provis the ob- to med	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	ree to act 2 performe 2d for in C hereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further a duties, and I am , i, F.S. Or, if this the limited liabil	gree to d familiar docume ity comp	comply with ar nt is be vany ha:	with the id accept ing filed s been

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

Signature of Registered Agent Erick D. Langenbrunner, Esq.