| (Red                                    | questor's Name)     | <del></del> |  |  |  |  |
|---|---------------------|-------------|--|--|--|--|
| (Add                                    | dress)              |             |  |  |  |  |
| ,                                       |                     |             |  |  |  |  |
| (Add                                    | dress)              |             |  |  |  |  |
| (City                                   | //State/Zip/Phone # | <i>f</i> )  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL        |  |  |  |  |
| (Bus                                    | siness Entity Name  | ·)          |  |  |  |  |
|   |                     | ,           |  |  |  |  |
| (Document Number)                       |                     |             |  |  |  |  |
| Certified Copies                        | Certificates o      | f Status    |  |  |  |  |
| Special Instructions to Filing Officer: |                     |             |  |  |  |  |
|   | ODNE                |             |  |  |  |  |
| J. HORNE<br>JUN 2 3 2022                |                     |             |  |  |  |  |
|   | JUN 12 222          |             |  |  |  |  |
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|   |                     |             |  |  |  |  |

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■ 115 M\*CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 - COGENCYGLOBAL.COM

Account#: 120000000088

| Date:   | 06/21/2022                |                               |
|---|---------------------------|-------------------------------|
| Name:   | Merritt Walker            |                               |
|   | 1713132                   |                               |
|   |                           | REAL ESTATE HOLDINGS, LLC     |
| ☐ Article   | es of Incorporation/Autho | rization to Transact Business |
| Amen  | dment                     |                               |
| Change     Ch | ge of Agent               |                               |
| Reins   | tatement                  |                               |
| Conve   | ersion                    |                               |
| ☐ Merge   | er                        |                               |
| Disso   | ution/Withdrawal          |                               |
| Fictition   | ous Name                  |                               |
| Other   | ·····                     |                               |
|   |                           |                               |
| Authorized A  | mount: <b>\$25</b>        | <del></del>                   |
| Signature:  | шин                       |                               |

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40" ST, 10" FL
NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date:06/21/2022  |  |  |  |  |  |
|--|--|--|--|--|--|
| Name:Merritt Walker  |  |  |  |  |  |
| Reference #:   |  |  |  |  |  |
| Entity Name: WATERCREST REAL ESTATE HOLDINGS, LLC            |  |  |  |  |  |
| Articles of Incorporation/Authorization to Transact Business |  |  |  |  |  |
| Amendment  |  |  |  |  |  |
|  |  |  |  |  |  |
| Reinstatement  |  |  |  |  |  |
| Conversion   |  |  |  |  |  |
| ☐ Merger   |  |  |  |  |  |
| ☐ Dissolution/Withdrawal                                     |  |  |  |  |  |
| Fictitious Name  |  |  |  |  |  |
| Other  |  |  |  |  |  |
|  |  |  |  |  |  |
| Authorized Amount: \$25                                      |  |  |  |  |  |
| Signature:   |  |  |  |  |  |

F: 800.944.6607

## 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

| L. Na                                     | ime of the limited liability company:  | WATERCRE   | EST REAL E  | STATE HOLDING  | S, LLC  |
|---|--|--|---|--|---|
| 2. (a)                                    | 1515 Indian River Blvd, Suite A  |  |   |  |   |
| 2. (,                                     | Principal office address of limited lia<br>(Note: MUST BE STREET A   |  |   | Mailing address of li  | mited liability company: POST OFFICE BOX)   |
|   | Vero Beach, Florida, 32960   |  |   |  |   |
|   |  |  |   |  |   |
|   | January 15, 2013   |  | <u> </u>  | L13000007790   |   |
| 3.  | Date of filing/registration in   | Florida  | 4,  | Document numb  | oer   |
| 5. (a)                                    |  |  |   |  |   |
|   | Registered Agent and Registered Office show  | on the records of t  | the Florida Dept.   | of State:  |   |
|   | 15 SAILFISH ROAD   |  |   |  |   |
|   | Registered Office Address (MUST BE F   | <u>LORIDA STREET z</u>   | <u>(DDRESS)</u>   |  |   |
|   | VERO BEACH   | , FL   | 32960   |  |   |
| (b)                                       | COGENCY GLOBAL INC.  |  |   |  | ī <b>2</b>  |
|   | Enter name of <u>NEW Registered Agent</u> and/o  | or NEW Registered  | Office address:   |  | 022<br>SEC  |
|   | 115 North Calhoun St., Suite   | 4  |   |  | FIL<br>2022 JUN 22<br>SECRETARY<br>SECRETARY  |
|   | NEW Registered Office Address:   |  |   |  |   |
|   | Tallahassee  | , FI.  | 32301   |  | Top A III   |
| the cha<br>agent v<br>was/we              | imited liability company is not organi-<br>inge or changes are made, the Florida<br>vill be identical. Or, in the case of a F<br>ere authorized by an affirmative vote of<br>cles of organization or the operating a | street address of<br>Florida limited lia<br>of the members o                   | the registered<br>ability compan<br>If the limited li                   | office and the business<br>y, it is hereby confirmed<br>ability company or as                                  | s office of the registered<br>ed that the change(s)   |
|   | oan Williams   |  | Joan Willi  | • •  |   |
| Signa                                     | ture of a member or authorized representative  | of a member  |   | Printed or typed na  | me of signee  |
| provisi<br>the obl<br>to mere<br>notified | by accept the appointment as registere ons of all statutes relative to the proping at the proping as registered of the registered of the registered of the writing of this change.  The mothy Mayville               | ed agent and agr<br>er and complete<br>igent as provided<br>office address, 11 | ee to act in thi<br>performance of<br>I for in Chapte<br>iareby confirm | s capacity. I further a<br>of my duties, and I am )<br>or 605, F.S. Or, if this<br>of that the limited liabili | gree to comply with the<br>familiar with and accep<br>document is being filed<br>ity company has been |

Timothy Mayville, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent