

214000106186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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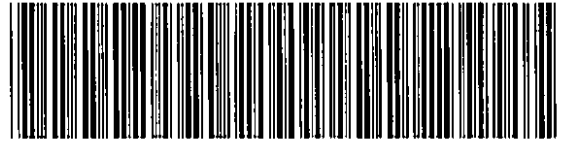
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2018

BRIAN J AUNGST JR  
625 COURT ST STE 200  
CLEARWATER, FL 33756 US

SUBJECT: WATERFRONT PARK SOUTH, LLC  
Ref. Number: L14000106186

We have received your document for WATERFRONT PARK SOUTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 518A00015043

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATERFRONT PARK SOUTH LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN J. AUNGST, JR.

Name of Person

MACFARLANE FERGUSON & MCMULLEN

Firm/Company

625 COURT STREET, SUITE 200

Address

CLEARWATER, FL 33756

City/State and Zip Code

bja@macfar.com

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

For further information concerning this matter, please call:

BRIAN J. AUNGST, JR. at ( 727 ) 441-8966  
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. Name of the limited liability company: WATERFRONT PARK SOUTH LLC

2. (a) 123 COULTER AVENUE (b) 123 COULTER AVENUE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE 200

SUITE 200

ARDMORE, PA 19003

ARDMORE, PA 19003

07/03/2014

L14000106186

3. Date of filing/registration in Florida

4. Document number

5. (a) JAMES N. POWELL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ONE PROGRESS PLAZA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 1210

ST. PETERSBURG, FL 33701

(b) BRIAN J. AUNGST, JR.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

MACFARLANE FERGUSON & MCMULLEN

NEW Registered Office Address:

625 COURT STREET, SUITE 200

CLEARWATER, FL 33756

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

MOORE WILLNER  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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]  
Signature of Registered Agent

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

FILED  
2018 JUL 30 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA