## 14000 153763

(Requestor's Name)				
(Addr	ess)	<del></del>		
(Address)				
(City/S	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(000.	reco Linn, iva	,		
	ıment Number)			
) (	iment Number)			
O Med Octor	0-47-4-	o a Charles		
Certified Copies	Certificates	s or Status		
<del></del>				
Special Instructions to Filing Officer:				

Office Use Only



400388443184

2022 JUN 22 AM 10: 33 

RECEIVED

A. BUTLER JUN 23 2022



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

Account#: I20000000088

Date:	06/21/2022					
Name:	Merritt W	alker				
	. #: <b>171</b> :					
Entity Name: WATERCREST FLORIDA REGIONAL CENTER, LLC						
☐ Arti	cles of Incorporatio	n/Authorization to Tr	ansact Business			
Am	endment					
<b>√</b> Cha	ange of Agent					
☐ Rei	nstatement					
Cor	nversion					
☐ Me	rger					
☐ Dis	solution/Withdrawa	l				
Fict	titious Name					
Oth	er					
Authorized	d Amount:	\$25	<del>-</del> -			
Signature:		nw	_			

## 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. Na	ame of the limited liability company: WATERC	REST FLORIC	DA REGIONAL CENTER, LLC
2. (a)	1515 Indian River Blvd, Suite A232,	(b)	
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Vero Beach, Florida, 32960		
	October 1, 2014	<del></del> . <del></del>	L14000153763
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	WILLIAMS, JOAN T		20
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	445 24TH STREET		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>	ET ADDRESS)	TALL ARE
	SUITE 300		SS = II
	VERO BEACH	FL_32960	OF STATE
(b)	COGENCY GLOBAL INC.		F
` ,	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	<del></del>
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	<sub>FL</sub> 32301	
the cha agent v was/we the arti /s/ Jc Signa I here, provisi the obl to mere	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of to ban Williams  Superior of a member or authorized representative of a member by accept the appointment as registered agent and a ligations of my position as registered agent as provided reflect a change in the registered office address, and in writing of this change.	of the registered Hiability compan rs of the limited li the limited liabilit Joan Willi	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.    ams   Printed or typed name of signce

Signature of Registered Agent
Timothy Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00

/s/ Timothy Mayville