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| (Requestor's Name) (Address) (Address) | 700330178007 |
| (City/State/Zip/Phone #) | 06/10/19+-01032016 **25.00 |
| (Business Entity Name) (Document Number) | FILE 19 JUNIO AP SECRETANCO TAULAHASSE |
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COVER LETTER

TO: **Registration Section Division of Corporations**

WATERVIEW ESTATES NORTH, LLC

SUBJECT:

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:

Erica Hughes Sterling, Esq.

Name of Person

Spottswood, Spottswood, Spottswood & Sterling, PLL

Firm/Company

500 Fleming Street

Address

Key West, FL 33040

City/State and Zip Code

Erica@SpottswoodLaw.com

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

For further information concerning this matter, please call:

| Erica Hughes Sterling | 305 294-9556 at () |
|---------------------------------------|--------------------------------------|
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following | g amount: |
| ☑ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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 | me of the limited liability company: Waterview E | states Nort | h, LLC | |
|---|--|--|--|--|
| 2. (a) | | (b) | | |
| | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | * | ss of limited liability company: <u>Y BE POST OFFICE BOX</u>) |
| | 03/14/2016 | L1 ¹ | 6000056000 | |
| 3. | Date of filing/registration in Florida | 4. | Document | number |
| 5. (a) | Harold E. Wolfe, Jr., Esq. | | | |
| . (, | Registered Agent and Registered Office shown on the records of | f the Florida De | nt. of State: | |
| | 2300 Palm Beach Lakes Boulevard | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | |
| | | | | 19 SE |
| | West Palm Beach | L ³³⁴⁰⁹ | | ID JUN IO |
| (b) | Erica Hughes Sterling | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office addres | <u>s</u> : | EC PLANE EC |
| | 500 Fleming Street | | | 14 20 1412 17412 |
| | NEW Registered Office Address: | | | |
| | | | | |
| | Key West | L ³³⁰⁴⁰ | | |
| he cha gent y var/we he art el art cherel provisi | imited liability company is not organized under the la nge or changes are made, the Florida street address o gill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the me of a member or authorized coresentative of a member by accept the appointment as registered agent and ag ans of all statutes relative to the proper and complete | if the register iability comp of the limited limited liabi Erica H wee to act in the preformance | ed office and the bu any, it is hereby co liability company lity company. Hughes Sterling, Printed or ty this capacity. I furt a of my duties and | isiness office of the registered infirmed that the change(s) or as otherwise provided in Authorized Representation ped name of signee ther agree to comply with the tage for a comply with the |
| ne opi. o merci iotirec | ignitions of my position as registered agent as provide reflect a change in the registered office address, I fin venting of this change. | ed for in Cha hèreby confi | oter 605, F.S. Or, i rm that the limited | (] this document is being fild liability company has been |

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