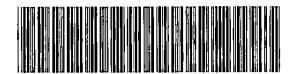
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(Requestor's Name)						
(Address)						
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JAN 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: Waterview Creation, LLC	Name of Limited L	inhility Company
	vaine of Limited 1.	dability 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:
Patrick J. O'Connor		
Name of Person		_
O'Connor Hernandez & Associates, P.A.		
Firm/Company		
999 Brickell Avenue, Suite 740		
Address		
Miami, Florida 33131		
City/State and Zip Code	e	
poconnor@oconnorhernandez.com		
E-mail address: (to be used for future a	annual report notif	ication)
For further information concerning this matt	ter, please call:	
Patrick J. O'Connor	786	628-7541
Name of Person	\	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followi	ing amount:	
■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy

INHS18 (2/14)

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	me of the limited liability company: Waterview Creati	on, LLC	· 		
2.	(a)		((b)		
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 ·	. ,	,	Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		450 Alton Road, Apt. 2507			450 Alton	Road, Apt. 2507
		Miami Beach, Florida 33139	_		Miami Bea	ch, Florida 33139
		04/05/2017		!.	.170000751	32
3.		Date of filing/registration in Florida	- 4.	_	•	Document number
5	(a)					
···	(11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Law Center of the Americas, LLC			Ţ.,	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				10000000000000000000000000000000000000
		201 S. Biscayne Blvd Suite 800				
		Miami , Fl.	33131	_		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddı	<u>ess</u> :	
		O'Connor Hernandez & Associates, P.A.				
		NEW Registered Office Address:				
		999 Brickell Avenue. Suite 740				
		Miami , FL	33131			
cha age wa the	ange ent w s/we arti-	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the sure of a member or authorized representative of a member	vs of the register ability c of the lir limited Pat	red om mit lia tric	office and pany, it is ed liability bility com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Frinted or typed name of signee
		ov accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	a for in iereby c	Ch :on	apter 605, firm that t	r.S. Or, it this document is being filed he limited liability company has been