## 48000023406

(Requestor's Name)	1
	Į
(Address)	
(Address)	
	}
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	$  \cdot  $





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10/02/18--01013--011 ++25.00

18/19





October 16, 2018

Richard Kozell, Esq. Rick Kozell PLLC 616 SE Dixie Hwy Stuart, FL 34994

SUBJECT: WATER POINTE HOLDINGS, LLC

Ref. Number: L18000023406

We have received your document for WATER POINTE HOLDINGS, 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 must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 918A00021127

Lyn Shoffstall Bureau Chief

www.sunbiz.org

## COVER LETTER -

TO:	Registration Section Division of Corporations		
SUBJ	Water Pointe Holdings, LLC	2	
	Na	me of Limit	ed Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning the	his matter to	the following:
Richa	ard Kozell, Esq.		
	Name of Person		<del></del>
Rick	Kozell PLLC		
	Firm/Company		<del></del>
616 S	SE Dixie Hwy		
	Address		
Stuar	t, FI 34994		
	City/State and Zip Code	_	
rick@	kozell-law.com		
1	-mail address: (to be used for future an	nual report i	notification)
For fu	ther information concerning this matter	, please call	:
Cindy	Devereaux	772	
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:
			Registration Section
	Division of Corporations		Division of Corporations
Clifton Building P.O			P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
	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

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: Water Pointe	Holdin	gs. LLC		
2. (a)	616 SE Dixie Hwy	(l	, 616 SE	Dixie Hwy	
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	`	Mailing address of limited liability of (Note: MAY BE POST OFFICE	
	Stuart FL 34994		Stuart F	FL 34994	
	01/25/2018		L180000	23406	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Richard S. Kozell				
.·. ( <i>a</i> )	Registered Agent and Registered Office shown on the records of	ie:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<del></del>	_	
	12000 SE Dixie Highway		•	३६० १४,०	
	Hobe Sound , FI	33455		SLORE HAY TALLAHA	T
(b)	Richard S. Kozell			AHASSEE,	C TOTAL
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			رن رن تریش م	
	Rick Kozell PLLC			FLE .	i O
	NEW Registered Office Address:			_	
	616 SE Dixie Hwy			_	
	Stuart	34994			
the cha agent was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the regis iability eco of the lime limited l	stered office impany, it i ited liabilit	te and the business office of the is hereby confirmed that the chi ty company or as otherwise pro	registered
_	ture of a member or authorized representative of a member			Printed or typed name of signee	<del>_</del>
	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address. If in writing at this change.	ree to act performed for in C hereby co	in this cap ince of my Thapter 603 infirm that	pacity. I further agree to comple duties, and I am familiar with 5, F.S. Or, if this document is h the limited liability company h	ly with the and accept being filed as been

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