118000242410

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TO:

Amendment Section

Division of Corporations	
SUBJECT: WATERVILLA PROPERTIES LLC	
Name of Corporation	
DOCUMENT NUMBER: L18000242410	
The enclosed Statement of Change of Registered G	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Alexander Zograf	
Name of Contact Person	
Firm/Company	
29188 Tulip Ln	
Address	
Big Pine Key Florida 33043	
City/State and Zip Code	
alexanderzograf@gmail.com	
E-mail address: (to be used for future annual r	eport notification)
,	•
For further information concerning this matter, plo	ease call:
Alexander Zograf	at (917) 371-31-87
Name of Contact Person	at (917) 371-31-87 Area Code & Daytime Telephone Numbe

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or .	organized under the laws of the S	State of Florida		
1. The name of t	he corporation: WATERVILLA PR	ROPERTIES LLC			
2. The principal	office address: 201 178th Drive # 4	18 Sunny Isles Florida 33160			
3. The mailing a	ddress (if different): 29188 Tulip L	n Big Pine Key 33043			
4. Date of incorp	poration/qualification: 01/26/2022	Document number: L	_18000242410		
5. The name and	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office of	n file with the	~3	
	Law offices of Svetlana Z. Nemerof	T	KECE TA	7023 AUG	
	101 SE Ocean Blvd., Suite 102 Stu	art. FL 34994	<u></u> ≨≥	5 1	
			ASSEE	PH 4: 38	
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or regist	dered of the second	မ	
	Registered Agents Inc				
	7901 4th St N, STE 300 St. Petersbi	arg , FL 33702			
		P.O. Box NOT acceptable			
The street addre	ss of its registered office and the sbe identical.	street address of the business off	fice of its regist	ered agent,	
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors over notified in writing of the char	or by an officer nge.	so	
\sim	~	Alexander Zograf			
Sign	e of an officer or director	Printed or typed n	ame and title	·	
I further agree t of my duties, an document is bei	the appointment as registered age o comply with the provisions of a d I am familiar with and accept th ug filed merely to reflect a change been notified in writing of this ch	ll statutes relative to the proper of the proper of the obligation of my position as registered office address,	city. and complete p egistered agent. I hereby confi	erformance Or, if this rm that the	
David X	Doe'l's Assistant Secretary	08/02/2	08/02/2023		
Sign	rature of Registered Agent	Date			
If signing on be	half of an entity:				
Ту	rped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *