

L220000017106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

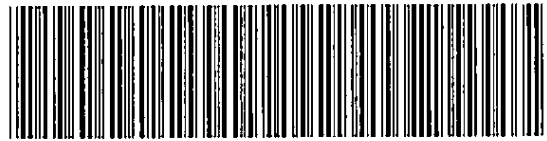
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JUL 19 2023

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FILED  
SECRETARY OF STATE  
JUL 19 2023  
2023 MAY 16 PM 3:02

May 8, 2023

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: **WATERMARK PROPERTY MANAGEMENT LLC**

To Whom It May Concern:

Enclosed please find the following:

- APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS; and
- A check for \$130 for the filing fees payable to Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or [cnichols@andersonadvisors.com](mailto:cnichols@andersonadvisors.com).

Thank you,

Caleb Nichols

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLF VENTURES LLC

\_\_\_\_\_  
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:

Sydney Grice

\_\_\_\_\_  
Name of Person

Anderson Business Advisors

\_\_\_\_\_  
Firm/Company

3225 McLeod Drive, #100

\_\_\_\_\_  
Address

Las Vegas, NV 89121

\_\_\_\_\_  
City/State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Sydney Grice

\_\_\_\_\_  
Name of Person

at ( 800 ) 7064741

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following 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. Name of the limited liability company: PLF VENTURES LLC
2. (a) 6400 BOYNTON BEACH BLVD #741951  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
BOYNTON BEACH, FL 33474
- (b) 6400 BOYNTON BEACH BLVD #741951  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
BOYNTON BEACH, FL 33474
3. 01/07/2022 Date of filing/registration in Florida
4. L22000017106 Document number

5. (a) PIERRE-LOUIS, NICOLE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

6400 BOYNTON BEACH BLVD #741951

BOYNTON BEACH, FL 33474

- (b) Anderson Registered Agents, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

625 E. Twiggs Street, Suite 110

**NEW Registered Office Address:**

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sydney Grice

Digitally signed by Sydney Grice  
DN: cn=Sydney Grice, o=me,  
email=sydneygrice@plfventures.com, c=US  
Date: 2022.04.18 07:17:18 -0700

Signature of a member or authorized representative of a member

Sydney Grice

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

A. T. Mathis,

President

DN: cn=A. T. Mathis, President, o=me,  
email=att@plfventures.com, c=US  
Date: 2022.04.18 07:17:18 -0700

Signature of Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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