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(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	stity Name)
(Document N	lumber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Offi	cer:

Office Use Only

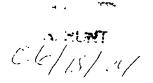


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RECEIVED



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/18/2024			₩WALK IN**
ENTITY NAME Water	ford Lakes Acquisition, LL0	C	
DOCUMENT NUMBER			
	**PLEASE FILE THE A	TTACHED AND RETURN	**
XXXXXXXX	Plaix Copy Certified Copy		
	Certificate of Status		
*	*PLEASE OBTAIN THE FOLLU	DWING FOR THE ABOVE I	ENTITY**
	Certified Copy of Arts & 1 Certificate of Good Standing		
	APOSTILLE' / NOTI	ARIAL CERTIFICATION	/
COUNTRY OF DESTINA NUMBER OF CERTIFIC	ATION		
TOTAL OWED \$25	<u>-</u>	ACCOUNT #: I	
Please call Tina at	the above number for any	issues or concerns.	•

COVER LETTER

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TO:

TO:	Registration Section Division of Corporations		
SUBJE	CCT: Waterford Lakes Acquis	ition, LLC	
			ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning the	is matter to the	following:
Mary	/ Neuburger		
	Name of Person		
Sing	leFile Technologies		
	Firm/Company		 ;
113	Cherry St., PMB 70875		
	Address		
Seat	tle, WA 98104-2205		<u></u>
	City/State and Zip Code		
supp	oort@singlefile.io		
E	-mail address: (to be used for future ann	ual report notif	ication)
For fur	ther information concerning this matter.	please call:	
Mary	Neuburger	at (800	, 391-9869
	Name of Person	_ _ _ `	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di [,] P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	Ci Si	55 Filing Fee & Certified Copy
INHST	3 (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

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Eight Tower Bridge, 161 Washington Street, Seventh Floor		Eight Tower	Bridge, 161 Washington Street, Seventh Floring
	Conshohocken, PA 19428		Conshoh	ocken, PA 19428
	03/13/2014		M1400	0001714
	Date of filing/registration in Florida	4.		Document number
(a)				
ш,	Registered Agent and Registered Office shown on the records of the	Florio	la Dept. of State	:
	CORPORATION SERVICE COMPANY			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u>:S)</u>	
	1201 HAYS STREET			
	TALLAHASSEE FL 3	230	1	
b)	Enter name of NEW Registered Agent and/or NEW Registered O			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice a	ddress:	· · · · · · · · · · · · · · · · · · ·
	Registered Agents Inc.			:. : :
	NEW Registered Office Address:			, :J
	7901 4th St N Ste 300			
	St. Petersburg , FL 3	370)2	

/s/ R. Joseph Law Signature of a member or authorized representative of a member R. Joseph Law

Printed or typed name of signee

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.

David Roberts - Assistant Secretary

Signature of Registered Agent