MI5000307a

(Requ	estor's Name)			
(Address)				
(Address)				
(City/s	State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
J. HORNE				
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Account#: 120000000088

Date:	06/21/2022	
Name:	Merritt Walker	
Reference #	1713132	<u> </u>
	JM WAT	ERCREST, LLC
Article	es of Incorporation/Authorizatio	n to Transact Business
Amen	ndment	
Chan	ge of Agent	
Reins	statement	
Conve	ersion	
☐ Merge	er	
☐ Disso	olution/Withdrawal	
☐ Fictitie	ous Name	
Other		
Authorized A	Amount: \$25	
Signature:	mw	

F: +852.2682.9790



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Account#: I20000000088

Date:	06/21/2022	
	Merritt Walker	
	1713132	
	JM WA	TERCREST, LLC
_	es of Incorporation/Authorizat	
Amen	dment	
Change Ch	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
Disso	ution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25	
Signature:	mw	

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:JM WATER	CREST, LLC	
2. (a)	1515 Indian River Blvd, Suite A232	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Vero Beach, Florida, 32960		
	April 23, 2015		M15000003072
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	WILLIAMS, JOAN T		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
	445 24TH STREET		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			78L FAL
	SUITE 300		CRI LAI
	VERO BEACH FI	32960	FIL 1022 JUH 22 SECRE JARY ALLAHASSE
(b)	COGENCY GLOBAL INC.		OF SHEET
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	115 North Calhoun St., Suite 4		. <u>2</u> .
	NEW Registered Office Address:		
	Tallahassee , Fi	32301	
the cha agent v was/we	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 litere authorized by an affirmative vote of the members of these of organization or the operating agreement of the	f the registered ability company of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
/s/ Jo	oan Williams	Joan Willi	ams
_	ture of a member or authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree to act in thi. performance o d for in Chapté hèreby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
/s/ Ti	mothy Mayville		

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent