## M15000003011

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Account#: 120000000088

Date: 06/21/2022	
Name:Merritt Walker	
Reference #: <b>1713132</b>	
Entity Name: WATERCREST H	IOLDINGS, LLC
Articles of Incorporation/Authorization to T	ransact Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25	<b></b> -
Signature:	_



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Account#: 120000000088

Date:	06/21/2022				
Name:	Merritt Walker	<u> </u>			
	1713132				
	WATERCRE	ST HOLDINGS, LLC			
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Amen	ndment				
Change of Agent					
Reins	tatement				
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictition	ous Name				
Other					
Authorized A	.mount: <b>\$25</b>				
	mw	<del> </del>			

F: +852.2682.9790

## 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.

	ime of the limited liability company: WA	TERCREST HOLDIN	GS. H.C
	1515 Indian River Blvd, Suite A232,		
2. (a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRES		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Vero Beach, Florida, 32960		
	April 23, 2015		M15000003077
3.	Date of filing/registration in Florid	la 4.	Document number
5. (a)	WILLIAMS, JOAN T		
J. ()	Registered Agent and Registered Office shown on th	e records of the Florida Dept. o	f State:
	445 24TH STREET		
	Registered Office Address (MUST BE FLORID)	4 STREET ADDRESS)	
	SUITE 300		
	VERO BEACH	. FL_ 32960	2022 SEC TALL
(b)	COGENCY GLOBAL INC.		FIL 2022 JUN 22 SECRETARY ALLAHASSE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	SERV SERV
	115 North Calhoun St., Suite 4		W22 PH 3: ASSECTED
	NEW Registered Office Address:		2
	Tallahassee	, FL_32301	
the cha agent v was/wa	imited liability company is not organized un ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the r icles of organization or the operating agreem	address of the registered of I limited liability company members of the limited lia	office and the business office of the registere to it is hereby confirmed that the change(s) bility company or as otherwise provided in
	oan Williams	Joan Willia	ams
Signa	ture of a member or authorized representative of a mer	mber	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.

[Index] Is/ Timothy Mayville

Signature of Registered Agent

Timothy Mayville, Assistant Secretary
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314
FILING FEE: \$25.00