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(Business Entity Name)					
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Account#: 120000000088

Date: 0	6/21/2022	
Name:	Merritt Walker	-
	1713132	_
Entity Name:_	WATERCREST	PROPERTIES, LLC
☐ Articles	of Incorporation/Authorization	to Transact Business
☐ Amendr	nent	
✓ Change	of Agent	
☐ Reinsta	tement	
Convers	sion	
Merger		
Dissolut	ion/Withdrawal	
Fictitiou	s Name	
Other_		
Authorized Am	ount: \$25	
Signature:	шиг	

F: 800.944.6607

F: 4852.2682.9790



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Account#: 120000000088

Date: 06/21/2022	
Name: Merritt Walker	
Reference #: 1713132	
Entity Name: WATERCRES	T PROPERTIES, LLC
Articles of Incorporation/Authorization	n to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25	
Signature: www	

F: 800.944.6607

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

Name of the limited liability com	pany: WATERCR	EST PROPE	ERTIES, LLC
2. (a) 1515 Indian River Blvd, S	uite A232	(b)	
Principal office address of lit (Note: MUST BE STE		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Vero Beach, Florida, 329	960		
June 24, 2015			M15000004962
 Date of filing/registra 	tion in Florida	4.	Document number
_{5. (a)} WILLIAMS, JOAN T			
Registered Agent and Registered Off	ice shown on the records of	f the Florida Dept.	of State:
445 24TH STREET			
Registered Office Address (MUS	T BE FLORIDA STREET	'ADDRESS)	S S
SUITE 300			मिल्ले हैं जा
VERO BEACH	, FI	1 _. 32960	TOPE JUN 22 AM 10: 57 SECRETARY OF STATES
(h) COGENCY GLOBAL INC	`.		- St. Co. T. C
Enter name of <u>NEW Registered Ago</u>	nt and/or <u>NEW Registered</u>	d Office address:	- S
115 North Calhoun St., S	Suite 4		· : -
NEW Registered Office Address:			
Tallahassee	L.	32301	
If the limited liability company is not the change or changes are made, the Fagent will be identical. Or, in the case	organized under the la lorida street address o e of a Florida limited f e vote of the members	iws of the State of the registered iability compan of the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in by company.
/s/ Joan Williams		Joan Will	iams
Signature of a member or authorized represe			Printed or typed name of signee
noujiea in writing of this change.	gistered agent and ag e proper and complete tered agent as provide tered office address, I	ree to act in thi 2 performance (ed for in Chapte hereby confirm	is 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 a that the limited liability company has been
/s/ Timothy Mayville			

Timothy Mayville, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent