## M150000611

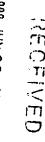
<del> </del>	(Requestor's Name)			
	(Address)			
<del></del>	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
J. HORNE JUN 2 3 2022				

Office Use Only



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2022 JUN 22 AM II: 59







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/21/2022	<del></del> .				
	Merritt Wa	alker	_			
Reference #	1713	3132	_			
			T. LUCIE WEST RE, LLC			
☐ Article	es of Incorporation	n/Authorizatior	to Transact Business			
Amer Amer	idment					
Chan	ge of Agent					
Reins	statement					
☐ Conv	ersion					
☐ Merg	er					
Dissolution/Withdrawal						
☐ Fictiti	ous Name					
Other						
Authorized A	mount:	\$25				
Signature:	v	nw				

F: 800.944.6607



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Account#: 120000000088

Date: 06	6/21/2022	
Name:	Merritt Walker	-
	1713132	_
Entity Name:	WATERCREST ST	. LUCIE WEST RE, LLC
☐ Articles	of Incorporation/Authorization	to Transact Business
Amendm	nent	
✓ Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
☐ Merger		
Dissoluti	on/Withdrawal	
Fictitious	s Name	
Other_		
Authorized Amo	ount: \$25	
Signature:	MMr	

## 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	me of the limited liability company:	WATERCRE	ST ST. LUC	CIE WEST RE, LLC				
2	(a)	1515 Indian River Blvd, Suite A	A232	(b)					
2. ()		Principal office address of limited lia (Note: MUST BE STREET A		_ ("/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Vero Beach, Florida, 32960							
,		August 20, 2015	. trlt.u		M15000006611				
3.		Date of filing/registration in	i Fiorida	4,	Document number				
5.	(a)			<del></del>					
		Registered Agent and Registered Office show	of State:						
		445 24TH STREET							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				=	~		
(1		SUITE 300		_		SEC	022		
		VERO BEACH	, FL_	32960	<del>_</del>	ŽÄ.	2022 JUN 22	17	
	(b)	COGENCY GLOBAL INC.			ARY O		<u> </u>		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				رے دی سے سا	=	;	
		115 North Calhoun St., Suite	4			年 13 - 13	AM 11: 21		
		NEW Registered Office Address:		,					
		Tallahassee	F1,_	32301					
the ago wa	cha ent w s/we	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a fere authorized by an affirmative vote coles of organization or the operating a	street address of t Florida limited lial of the members of	the registered oblitive company the limited lia	office and the business of c, it is hereby confirmed to ability company or as oth	ffice of that the	the reg	gistered e(s)	
		an Williams		Joan Willia	ams				
		ture of a member or authorized representative			Printed or typed name				
pro the to i	rvisio Obli nero	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered of by reflect a change in the registered of I in writing of this change.	ed agent and agre er and complete p agent as provided office address, I h	ve to act in this performance of for in Chapte, ereby confirm	s capacity. I further agre f my duties, and I am Jam r 605, F.S. Or, if this doc that the limited liability o	e to con iliar wi cument compan	nply w th and is beir y has i	ith the laccept ig filed been	
/s	/ Tir	mothy Mayville							

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent