9/21/21, 10:05 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						

LLC REGISTERED AGENT CHANGE WATERMARK ESTATE MANAGEMENT SERVICES LLC

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S. PRATHER

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Watermark Estate Management Services LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	······································
Austin, TX 78744	
City/State and Zip Code	<u> </u>
E-mail address: (to be used for future and For further information concerning this matter. Mary Castillo	
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INTUCTO (O)LAN	

15129570210

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	Watermar	k Es	tate Mar	agement Serv	ices L	LC		
2. (a)	10230 NE Points Drive Suite 200			(b) 10230 NE Points Drive Suite 200					
- (u) <u>-</u>	Principal office address of limited l (Note: MUST BE STREET		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	Kirkland, WA 98033			Kirklaı	nd, WA 98033		····		
	12/7/2015			M1500	0009772				
3.	Date of filing/registration	in Florida	4.		Document number				
5. (a)	C T CORPORATION	SYSTEM			_				
	Registered Agent and Registered Office sh 1200 SOUTH PINE IS		4D		e: -				
	PLANTATION	FL	333	24	-		2.12.1		
(b)	Registered Agent Solu	utions, Inc.			_		5		
\-,	Enter name of NEW Registered Agent an	d/or <u>NEW Registered</u>	Office	address:			23		
	155 Office Plaza Dr.				_		· /~•·		
	NEW Registered Office Address: Suite A				_	1 ·	6		
	Tallahassee	C	323	01					

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Kevin Mincio	-	-	Kevin Mincio	Manager		
-	ignature of a member or author	rized representa	ative of a memb	er	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.

Mackenzie Hart, Asst. Secretary