

m16000005338

To: Page 3 of 8

2016-12-27 10:42:59 CST

12122023573 From: Kimberly Laughrey

12/20/2016

Division of Corporations

Resubmission, please

Resubmission, please

keep file date of

12/20/2016.

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

keep file date of

12/20/2016.

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000311599 3)))



H160003115993ABC2

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Resubmission, please keep

file date of 12/20/2016.

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

**\*\*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 AMND/RESTATE/CORRECT OR M/MG RESIGN

DEANCURT JACKSONVILLE LLC

Resubmission,  
please keep file  
date of  
12/20/2016.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Resubmission,  
please keep file  
date of 12/20/2016.

RECEIVED

2016 DEC 27 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Resubmission, please keep file date of  
12/20/2016.

S Warren

DEC 28 2016

FILED

2016 DEC 20 A 11:59

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Deancurt Jacksonville LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Macaria Brown

Name of Person

Aspen Square Management, Inc.

Firm/Company

380 Union Street, Suite 300

Address

West Springfield, MA 01089

City/State and Zip Code

macaria\_brown@aspensquare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Macaria Brown

at (413) 439-6503  
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

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Deancurt Jacksonville LLC

Enter new principal office address, if applicable: 380 Union Street

(Principal office address  
MUST BE A STREET ADDRESS)

Suite 300

West Springfield, MA 01089

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

380 Union Street

Suite 300

West Springfield, MA 01089

2. The Florida document number of this limited liability company is: M16000005338

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 30, 2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Jacksonville Waterstone LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The Manager has changed to Nepsa Manager LLC

Title/ Capacity	Name	Address	Type of Action
Manager	Nepsa Manager LLC	380 Union Street, Suite 300	<input checked="" type="checkbox"/> Add
		West Springfield, MA 01089	<input type="checkbox"/> Remove
Manager	Deancurt Realty Group, Inc.	21 Ramah Circle	<input type="checkbox"/> Add
		Agawam, MA 01001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

JACKSONVILLE WATERSTONE LLC, By Nepsa Manager LLC, Its Manager, By Nepsa Property Investors, Inc., Its Manager

Signature of the authorized representative

Fred Anthony  
President

Typed or printed name of signee

Filing Fee: \$25.00

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2016 DEC 29 A 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DEANCURT JACKSONVILLE LLC", CHANGING ITS NAME FROM "DEANCURT JACKSONVILLE LLC" TO "JACKSONVILLE WATERSTONE LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2016, AT 5:07 O'CLOCK P.M.



6078600 8100  
SR# 20167178417

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203552055  
Date: 12-20-16

**STATE OF DELAWARE  
FIRST AMENDMENT  
OF  
CERTIFICATE OF FORMATION**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered: 05:07 PM 12/14/2016  
FILED: 05:07 PM 12/14/2016  
SR: 20167080081 - File Number: 6078600

1. **Name.** The name of the limited liability company is Deancurt Jacksonville LLC.
2. **Certificate of Formation.** The limited liability company was formed by the filing of a Certificate of Formation dated on or as of June 24, 2016, with the Office of the Secretary of State of the State of Delaware on June 24, 2016.
3. **Amendment.** The Certificate is hereby amended to change the name of the limited liability company to **JACKSONVILLE WATERSTONE LLC.**

**IN WITNESS WHEREOF**, the undersigned has executed this First Amendment on December 14, 2016.

**NEPSA MANAGER LLC**  
Its Manager

By Nepsa Property Investors, Inc.  
Its Manager

By   
Name: **Fred Anthony**  
Title: **President**