## 18 WW 3000

(Requestor's Name)				
(Add	dress)			
(Address)				
(City	//State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	f Status		
Special Instructions to Filing Officer:				
J. HORNE				
	JUN 2 3 2022			

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

Account#: I20000000088

Date:	06/21/2022		
	Merritt W		<u> </u>
	#: <b>171</b>		
			WINTER PARK RE, LLC
Articl	es of Incorporation	on/Authorizatio	on to Transact Business
☐ Amei	ndment		
✓ Char	nge of Agent		
Rein:	statement		
Conv	ersion		
☐ Merg	er		
Disso	olution/Withdrawa	al	
☐ Fictit	ious Name		
☐ Othe	r		
Authorized A	Amount:	\$25	, <u>.</u>
Signature:		mw	



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Account#: 120000000088

Name:	Date:	06/21/2022	
Reference #:			
Entity Name: WATERCREST WINTER PARK RE, LLC  Articles of Incorporation/Authorization to Transact Business  Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other  Authorized Amount: \$25			<del></del>
Amendment   ✓ Change of Agent   Reinstatement   Conversion   Merger   Dissolution/Withdrawal   Fictitious Name   Other    Authorized Amount: \$25			EST WINTER PARK RE, LLC
✓ Change of Agent   ☐ Reinstatement   ☐ Conversion   ☐ Merger   ☐ Dissolution/Withdrawal   ☐ Fictitious Name   ☐ Other	_	·	orization to Transact Business
Conversion  Merger  Dissolution/Withdrawal  Fictitious Name  Other  Authorized Amount: \$25			
☐ Merger   ☐ Dissolution/Withdrawal   ☐ Fictitious Name   ☐ Other   Authorized Amount:\$25	Rein	statement	
Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$25	_		
OtherAuthorized Amount:\$25			
Authorized Amount: \$25	☐ Fictit	ious Name	
, tation, 250 y 1110 d 111.	☐ Othe	ſ	
Signature: WWF	Authorized		5

## 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. N	ame of the limited liability company: WATERC	REST WIN	INTER PARK RE, LLC
2. (a)	1515 Indian River Blvd, Suite A232	(b)	b)
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
			Vero Beach, Florida, 32960
	February 27, 2018		M18000002006
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	WILLIAMS, JOAN T		
. ( )	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:
	445 24TH STREET		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<u>S2</u>
	SUITE 300		
	VERO BEACH	<sub>FL</sub> 32960	2022
(h)	COGENCY GLOBAL INC.		FILE AM SECRETARY OF TALL AHASSET, I
(4.)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	Idress: SSR 22
	115 North Calhoun St., Suite 4		CP <b>≥ C</b> CP
	NEW Registered Office Address:		
	Tallahassee	<sub>FL</sub> 32301	
	Talianassee	FL 32301	
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	of the regist liability cors of the limi	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	oan Williams	Joan	n Williams
Signa	sture of a member or authorized representative of a member		Printed or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	igree to act i de performa ded for in Ci I hereby coi	t in this capacity. I further agree to comply with thance of my duties, and I am familiar with and acce Chapter 605, F.S. Or. if this document is being fil- confirm that the limited liability company has been

/s/ Timothy Mayville

Signature of Registered Agent

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