

6/22/2022

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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

Email Address: statrep@cocencyglobal.com

REGISTERED AGENT CHANGE
WATERCREST FAMILY CARE FUND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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JUN 23 2022

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **WATERCREST FAMILY CARE FUND, INC.**
2. The principal office address: **1515 Indian River Blvd, Suite A232, Vero Beach, Florida, 32960**
3. The mailing address (if different): _____
4. Date of incorporation/qualification: **July 15, 2020** Document number: **N20000007704**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

WILLIAMS, JOAN T

445 24TH STREET Suite 300

VERO BEACH, FL 32960

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Joan Williams **Authorized Person**

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/22/2022

Date

If signing on behalf of an entity:

Timothy Mayville, Assistant Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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