Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000367361 3)))



H220003673613ABC/

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)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN WATERSTONE CLOSINGS INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

FILE SECOND

Electronic Filing Menu

Corporate Filing Menu

Help

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

| Waterstone Closings Inc. | |
|---|--|
| (Name of Corporation as curre | ntly filed with the Florida Dept. of State) |
| P19000088677 | |
| (Document Number | r of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered." "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 72 (|
| (Principal office address MUST BE A STREET ADDRESS) | 2022 OCT |
| | <u>:</u> 20 |
| | |
| C. Enter now mailing address if amiliantle. | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | ် ထ * - ယ |
| | , o |
| | |
| | |
| D. If amending the registered agent and/or registered office ad | dress in Florida, enter the name of the |
| new registered agent and/or the new registered office addre | ss: |
| Name of New Registered Agent | |
| | |
| (Floridu s | treet uddress) |
| V. D. Strand COM Add | |
| New Registered Office Address: | (City) , Florida (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Registered Agen | <u>it:</u> |
| I hereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the position. |
| | |
| _ | |
| Signature of New | Registered Agent, if changing |
| Check if applicable | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as un Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|-----------|--------------------|------------------------------|
| | | | |
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | P | Claudia Hughes | 1124 Kane Concourse |
| Add | | | Bay Harbor Islands, FL 33154 |
| X Remove | | | 1124 Kane Concourse |
| 2) Change | P | Deborah Waserstein | • |
| X Add | | | Bay Harbor Islands, FL 33154 |
| Remove 3) Change | | | ů, 1 |
| | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | les, enter change (Be specific) | | | | |
|--|---|---------------------|---------------------------------------|---------------------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · | - | |
| | | | | | |
| | | | | | |
| | | , | | | |
| | | | | | 325 |
| | | | | 1 1 | 202† OC |
| | | | | = - | 26 |
| | | | | ۲, ۱ | |
| | | | | U. 1757 | \equiv |
| | | | | ↓ ¹ · . =τ₁ | ထ္ |
| | | | | | - |
| | | | | | |
| | | ion or cancellation | n of icened shares | | |
| an amendment provides for an exchai | nae reclassificat | MILL CHILCENSIN | on or madeu anares, | | |
| provisions for implementing the amend | nge, reclassificat Iment if not cont | ained in the ame | <u>idment itself:</u> | | |
| an amendment provides for an exchanorovisions for implementing the amend (if not applicable, indicate N/A) | nge, reclassificat Iment if not cont | ained in the ame | <u>idment itself:</u> | | |
| rovisions for implementing the amend | nge, reclassificat Iment if not cont | ained in the ame | <u>idment itself:</u> | | |
| rovisions for implementing the amend | nge, reclassificat Iment if not cont | ained in the Ame | ndment itself: | | |
| rovisions for implementing the amend | nge, reclassificat Iment if not cont | ained in the Amer | ndment itself: | | |
| rovisions for implementing the amend | nge, reclassificat Iment if not cont | ained in the Ame | ndment itself: | | |
| provisions for implementing the amend | nge, reclassificat Iment if not cont | ained in the Ame | ndment itself: | | |
| provisions for implementing the amend | nge, reclassificat Iment if not cont | ained in the Ame | ndment itself: | | |
| provisions for implementing the amend | nge, reclassificat | ained in the Ame | ndment itself: | | |
| provisions for implementing the amend | nge, reclassificat | ained in the Ame | ndment itself: | | |
| an amendment provides for an exchanorovisions for implementing the amend (if not applicable, indicate N/A) | nge, reclassificat | ained in the ame | ndment itself: | | |

① 10/26/2022 1:10 PM 15612148442

| | October 31, 2022 | |
|---|--|---|
| The date of each amendment(s) | doption: | , if other than the |
| date this document was signed. | | |
| Oc | ober 31, 2022 | |
| Effective date if applicable: | | ······································ |
| | (no more than 90 days after amendment file dat | le) |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requireme epartment of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a action was not required. | opted by the incorporators, or board of directors without share | holder action and shareholder |
| ☐ The amendment(s) was/were as by the shareholders was/were | opted by the shareholders. The number of votes cast for the autificient for approval. | mendment(s) |
| | proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendment | |
| "The number of votes cas | for the amendment(s) was/were sufficient for approval | |
| | | Æ!} 2022 OCT 26 |
| by | | 7 |
| | (voting group) | - 8 m |
| | | |
| October 2 | C nonn | 26 A |
| Dated | , 2022 | <i>5</i> |
| Dated | | |
| | \sim ()./) | - L. |
| Signature | - Julia Dis. | <u> </u> |
| | lirector, president or other officer - if directors or officers have | |
| | d, by an incorporator - if in the hands of a receiver, trustee, or | |
| | ted fiduciary by that fiduciary) | |
| -1.1 | | |
| | | |
| | Deborah Waserstein | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |