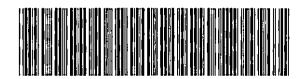
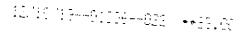
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076959/274

Re: WATERMARK REALTY REFERRAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 6 inge is submitted for a c r to change its registere	corporation organi	zed under the la	ws of the State o	f_Florida
1. The name of t	the corporation: WATE	RMARK REALTY	REFERRAL, IN	C.	
2. The principal	office address: 14050	NW 14th Street, S	uite 110, Sunris	e, FL 33323	
	address (if different): c/				
4. Date of incorp	poration/qualification:	01/20/1994	Document	number: P9400	00007203
5. The name and	d street address of the creatment of State: (If resign	arrent registered ag	ent and register		
	C T Corporation Syste	em			
	1200 South Pine Islan	id Road, Suite 250			7. 1. 10 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Plantation		FL	33324	
6. The name and (if changed):	I street address of the n		ı (if changed) an	nd /or registered) (4 7:1
	1201 Hays Street				<u> </u>
		PO Box NOT a	•		_
	Tallahassee		FL	32301 —	_
The street address changed will	ess of its registered off be identical.	ice and the street a	ddress of the bu	isiness office of	its registered agent,
Such change wa	as authorized by resolune board, or the corpora	tion duly adopted	by its board of o	directors or by a	
Xie	2 agni		Jill Cilmi, Vice I	President	
Fignatu	ere of an officer or director		Print	ed or typed name and	title
I further agree performance of agent. Or, if th hereby confirm	the appointment as reg to comply with the pro- my duties, and I am fa is document is being fi that the corporation h on Service Compan	visions of all statu miliar with and ac led merely to refle as been notified in	tes relative to th cept the obligat ct a change in t	ie proper and co tion of my positi he registered of	omplete on as registered fice address, I
Ву:	ennler		12/06/2019	Dut-	
_	nature of Registered Agent			Date	
If signing on be	chalf of an entity:				
	, Asst. Vice President				
T	yped or Printed Name				

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