

For Registration  
Fredrick Smith  
Register of Deeds  
Mecklenburg County, NC  
Electronically Recorded  
2021 Nov 08 09:58 AM RE Excise Tax: \$ 0.00  
Book: 36737 Page: 217 - 224 Fee: \$ 26.00  
Instrument Number: 2021212703



Prepared by/return to:

Johnston Allison & Hord, PA  
1065 East Morehead Street  
Charlotte, North Carolina 28204  
Attention: Brian J. Schoeck

**STATE OF NORTH CAROLINA**  
**COUNTY OF MECKLENBURG**

**THIRD AMENDMENT TO**  
**DECLARATION OF EASEMENTS**  
**AND RESTRICTIONS FOR KINGS**  
**CROSSING**

THIS THIRD AMENDMENT TO DECLARATION OF EASEMENTS AND RESTRICTIONS FOR KINGS CROSSING ("Third Amendment") is made effective as of the 5<sup>th</sup> day of November, 2021, by **WAITING ROOM 1, LLC**, a North Carolina limited liability company (hereafter referred to as the "Declarant"), **HIC-UNIVERSITY, LLC**, a North Carolina limited liability company ("HIC"), **GODDARD MALLARD CREEK, LLC**, a North Carolina limited liability company ("Goddard"), **NK NC KINGS CROSSING, LLC**, a North Carolina limited liability company ("NK") and **BPS-MC HOLDINGS, LLC**, a North Carolina limited liability company ("BPS"), and **UNIVERSITY REAL ESTATE INVESTORS, LLC**, a North Carolina limited liability company ("UREI") (collectively, Declarant, HIC, Goddard, NK, BPS and UREI, the "Owners").

WHEREAS, Declarant subjected certain property shown in Map Book 47, Page 705 (the "Property") and recorded in the office of the Register of Deeds of Mecklenburg County (the "Registry"), to that Declaration of Easements and Restrictions for Kings Crossing recorded in Book 21857, Page 893, as amended by First Amendment to Declaration of Easements and Restrictions for Kings Crossing recorded in Book 24452, Page 15, and Second Amendment to Declaration of Easements and Restrictions for Kings Crossing recorded in Book 29389, Page 225 (as amended, the "Declaration") in the Registry; and

WHEREAS, the Declaration contains a list of restrictive uses in Article 7, Section 1 thereof, specifically including subparagraph (i) which sets forth the Restricted Medical Use; and

WHEREAS, the Restricted Medical Use prohibits the use of medical office devoted to family practice, pediatrics or internal medicine as further set forth therein, on the Property, with the exception of Parcel C (now Lot 2 pursuant to the Plat); and

Submitted electronically by "Johnston, Allison & Hord, P.A."  
in compliance with North Carolina statutes governing recordable documents  
and the terms of the submitter agreement with the Mecklenburg County Register of Deeds.

WHEREAS, Declarant and the Owners enter into this Third Amendment to acknowledge that the Restricted Medical Use shall not restrict or prohibit the operation of a dental, orthodontist or dental specialist office, including pediatric dental office, pediatric orthodontist or pediatric dental specialist.

NOW, THEREFORE, Declarant and Owners, representing not less than 75% of the "Owners" under the Declaration, hereby amend the Declaration as follows:

1. Article VII, Section 1(i) of the Declaration is hereby amended to add the following at the end of the text:

"Notwithstanding anything to the contrary contained herein, the Restricted Medical Use does not restrict or prohibit the operation of a dental, orthodontist or dental specialist office, including pediatric dental office, pediatric orthodontist or pediatric dental specialist."

2. Reaffirmation; Counterparts.

Except as modified herein, the remaining terms and conditions of the Declaration is hereby reaffirmed and incorporated by reference to this Third Amendment. This Third Amendment may be executed in counterparts, all of which taken together, shall be deemed one original.

*[Signature on following page]*

IN WITNESS WHEREOF, the undersigned, being the Declarant and Owners of the Property herein, have caused this instrument to be duly executed the day and year first above written.

**DECLARANT/OWNER:**

**Waiting Room 1, LLC**  
a North Carolina limited liability company

By: [Signature]  
Name: [Signature]  
Title: Partner

STATE OF North Carolina

COUNTY OF Mecklenburg

I, Taylor Mauney, a Notary Public of Mecklenburg County, State of North Carolina, do hereby certify that Mark Schaeper (the "Signatory"), personally appeared before me this day and acknowledged the due execution of the foregoing instrument as partner of Waiting Room 1, LLC, a North Carolina limited liability company. I certify that  I have personal knowledge of the identity of the Signatory or  I have seen satisfactory evidence of the Signatory's identity by a current federal or state identification with the Signatory's photograph in the form of: \_\_\_\_\_. The Signatory acknowledged to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

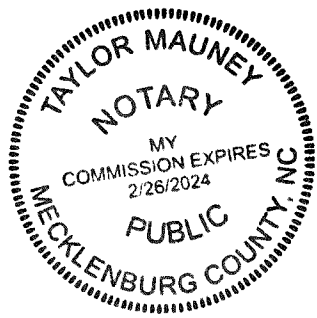
WITNESS my hand and official stamp or seal this 3rd day of November, 2021.

[NOTARIAL SEAL]

Taylor Mauney  
NOTARY PUBLIC

Print Name: Taylor Mauney

My Commission Expires: 02/26/2024



**DECLARANT/OWNER:**

**HIC-University, LLC**

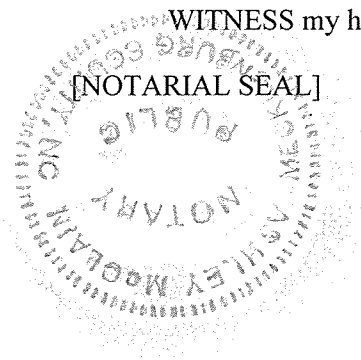
a North Carolina limited liability company

By: Paul Malton  
Name: Mark Malton  
Title: President

STATE OF North Carolina  
COUNTY OF Mecklenburg

I, Ashley McClain, a Notary Public of Mecklenburg County, State of North Carolina, do hereby certify that Mark Malton (the "Signatory"), personally appeared before me this day and acknowledged the due execution of the foregoing instrument as President of HIC-University, LLC, a North Carolina limited liability company. I certify that  I have personal knowledge of the identity of the Signatory or  I have seen satisfactory evidence of the Signatory's identity by a current federal or state identification with the Signatory's photograph in the form of:                     . The Signatory acknowledged to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

WITNESS my hand and official stamp or seal this 1st day of November, 2021.



Ashley McClain  
NOTARY PUBLIC

Print Name: Ashley McClain  
My Commission Expires: January 28, 2026

**DECLARANT/OWNER:**

**Goddard Mallard Creek, LLC**  
a North Carolina limited liability company

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of \_\_\_\_\_ County, State of \_\_\_\_\_, do hereby certify that \_\_\_\_\_ (the "Signatory"), personally appeared before me this day and acknowledged the due execution of the foregoing instrument as \_\_\_\_\_ of Goddard Mallard Creek, LLC, a North Carolina limited liability company. I certify that \_\_\_\_\_ I have personal knowledge of the identity of the Signatory or \_\_\_\_\_ I have seen satisfactory evidence of the Signatory's identity by a current federal or state identification with the Signatory's photograph in the form of: \_\_\_\_\_. The Signatory acknowledged to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

WITNESS my hand and official stamp or seal this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

[NOTARIAL SEAL]

\_\_\_\_\_  
NOTARY PUBLIC

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**DECLARANT/OWNER:**

**NK NC Kings Crossing, LLC**  
a North Carolina limited liability company

By: *[Signature]*  
Name: Norman Kermanshachi  
Title: Managing Agent

STATE OF FLORIDA

COUNTY OF PAUM BEACH

I, MICHAEL MONCRIEFFE, a Notary Public of PAUM BEACH County, State of FLORIDA, do hereby certify that NORMAN KERMANSHACHI (the "Signatory"), personally appeared before me this day and acknowledged the due execution of the foregoing instrument as manager of NK NC Kings Crossing, LLC, a North Carolina limited liability company. I certify that        I have personal knowledge of the identity of the Signatory or  I have seen satisfactory evidence of the Signatory's identity by a current federal or state identification with the Signatory's photograph in the form of: FLORIDA DL. The Signatory acknowledged to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

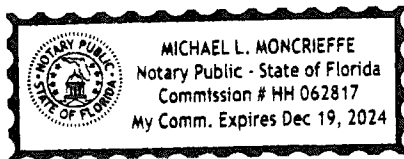
WITNESS my hand and official stamp or seal this 8<sup>th</sup> day of October, 2021.

[NOTARIAL SEAL]

*[Signature]*  
NOTARY PUBLIC

Print Name: MICHAEL MONCRIEFFE

My Commission Expires: 12/19/2024



**DECLARANT/OWNER:**

**BPS-MC Holdings, LLC**

a North Carolina limited liability company

By: [Signature]  
Name: BINIT SHAH  
Title: MANAGER

STATE OF North Carolina

COUNTY OF Mecklenburg

I, Amanda Glass, a Notary Public of Gaston County, State of NC, do hereby certify that Binit Shah (the "Signatory"), personally appeared before me this day and acknowledged the due execution of the foregoing instrument as Manager of BPS-MC Holdings, LLC, a North Carolina limited liability company. I certify that        I have personal knowledge of the identity of the Signatory or ✓ I have seen satisfactory evidence of the Signatory's identity by a current federal or state identification with the Signatory's photograph in the form of: Drivers license. The Signatory acknowledged to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

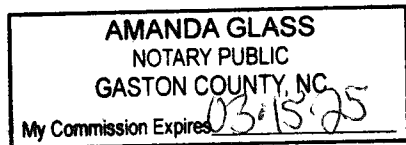
WITNESS my hand and official stamp or seal this 27th day of October, 2021.

[NOTARIAL SEAL]

Amanda Glass  
NOTARY PUBLIC

Print Name: Amanda Glass

My Commission Expires: 03-15-2025



**DECLARANT/OWNER:**

**University Real Estate Investors, LLC**  
a North Carolina limited liability company

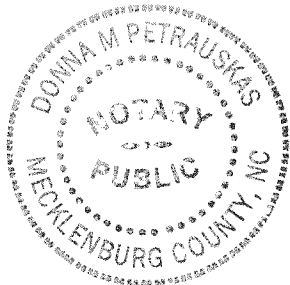
By: Trent Gustafson  
Name: TRENT GUSTAFSON  
Title: MANAGER

STATE OF North Carolina  
COUNTY OF Mecklenburg

I, Donna M. Petrauskas, a Notary Public of Mecklenburg County, State of North Carolina, do hereby certify that Trent Gustafson (the "Signatory"), personally appeared before me this day and acknowledged the due execution of the foregoing instrument as manager of University Real Estate Investors, LLC, a North Carolina limited liability company. I certify that        I have personal knowledge of the identity of the Signatory or X I have seen satisfactory evidence of the Signatory's identity by a current federal or state identification with the Signatory's photograph in the form of: NC DL. The Signatory acknowledged to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

WITNESS my hand and official stamp or seal this 5th day of November, 2021.

[NOTARIAL SEAL]



Donna M. Petrauskas  
NOTARY PUBLIC

Print Name: Donna M. Petrauskas

My Commission Expires: 4/6/2023