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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE **JACKSONVILLE 11183 GWEN, LLC**

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## 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.

١.	Na	me of the limited liability company:	1118	3 (	SWEN, LLC	<u> </u>				
2	(a)	7901 4th St N STE 300		(b	7901 4th	St N STE 30	0			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(*)		Mailing address (Note: MAY				
		St. Petersburg, FL 33702			St. Peters	burg, FL 337	02			
		03/15/2022	_	ı	_22000130	226				
3.		Date of filing/registration in Florida	4.	-		Document n	umber			
5.	(a)	ANDERSON REGISTERED AGENTS, INC.								
	, ,	Registered Agent and Registered Office shown on the records of the 625 E. Twiggs Street, Suite 110	e Flori	ida	Dept, of State	- ::				
		Registered Office Address (MUST BE FLORIDA STREET AL	•							
		Tampa . FL3	3602	<u> </u>						
	(b)	REGISTERED AGENTS INC					:		(CO)	
		Enter name of NEW Registered Agent and/or NEW Registered C	Office a	add	ress:		; .		5 :	
		7901 4TH ST N				_			<u> </u>	
		NEW Registered Office Address:						•	<u> </u>	
		STE 300				_	٠		6: 05	
		ST. PETERSBURG FL.3	3702	: 				•	ហ	
cha age wa the	inge ent w s/we arti- ignat	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member over a member of a member of a member of a light of a light of all statutes relative to the proper and complete properties of any position as registered agent as provided in the registered office address. The	egiste ility o the li mited Ro	erec cor imi d lia	I office and npany, it is ted liability com a Jones	I the busines hereby conf company o pany.  Printed or type	s office irmed to r as oth	e of that the erwi	he regis the char se prov	stered ngc(s) ided in
not	ipiea Dav	I'm writing of this change.  O David Roberts To of Registered Agent	. •,	~	y 18333 N					ii ya sareke≇