Electronic Filing Cover Sheet

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(((H20000088818 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **S4W LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Y SIII KER MAR 23 2020

COVER LETTER

	gistration vision of	Section Corporations			
SUBJEC1	\$4W L	LC			
		Name of Foreig	n Limited Lial	bility Cor	mpany
Dear Sir or	Madam:				
The enclos	ed applic	ation, certificate and fee(s)	are submitted	for filing	7 .
Please retu	ım all con	respondence concerning th	is matter to the	followin	ng:
Gwendolyr	C Sutton	, Paralegal			
		Name of Person		_	
Frost Brow	n Todd LL	.c		_	
		Firm/Company			
301 East F	ourth Stre	et, Suite 3300		_	
		Address			
Cincinnati,	OH 4520	2		_	
		City/State and Zip Cod	e		
gsutton@fl	otlaw.com				
E-mail a	address: (1	to be used for future annua	report notification	ation)	
For further	r informat	ion concerning this matter,	please call:		
		, Paralegal	513 _ at (651-6	133
	Nan	ne of Person		e & Dayt	ime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Er □\$25 Fili CR2E055 (9/	ng Fee	a check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: ■ \$55 Filing Certified		S60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on State: S4W LLC	the records of the Flo	orida Department o	of
Enter new principal office address, if applicable:			
(<u>Principal office address</u> MUST BE A STREET ADDRESS) ——			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
The Florida document number of this limited liability	y company is: M200	00002654	
Jurisdiction of its organization: Delaware			2020 SEC:
4. Date authorized to do business in Florida: March 6,	2020		TAR
SECTION II (5-9 complete only the applicable chan			20 7
5. New name of the limited liability company: S4W E (must con	Bradenton LLC stain "Limited Liabil	ity Company, " "L	LC, "or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." o	ng members adopting	ecting business in I	Florida and affach a ne. The alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office address	Ticer address on our	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter	Florida Street Add	
	City	Florid	Zip Code
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent an the provisions of all statutes relative to the proper and and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this change.	cted Agent: ad agree to act in this complete performan l agent as provided fo pe registered office ac	ce of my duties, an or in Chapter 605,	r agree to comply with nd I am familiar with F.S. Or, if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
tle/ Capacity	Name	Address	Type of Action			
	<u> </u>		□Add			
			□Remov			
<u> </u>	·					
			□Remo			
			□ Псето			
			□Add			
			□Remo			
aforementioned an	icate, if required: no more than 90 day endment(s), duly authenticated by the he law of which this entity is organize	e official having custody of records	☐Remo			
•	/s/ Robert Ritztenthal					

Typed or printed name of signee

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "S4W LLC", FILED A

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "S4W BRADENTON

LLC" ON THE NINETEENTH DAY OF MARCH, A.D. 2020, AT 1:50 O'CLOCK

P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S4W HRADENTON LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2020.

7881606 8320 SR# 20202258499

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSR

Authentication: 202622006 Date: 03-19-20

U2000000000000