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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Andre J. Patrone. Esq. *
Kenneth E. Kemp. II. Esq., LL.M.
Elizabeth C. Bentley, Esq.
T. Brandon Mace, Esq.
Lauren C. Drasites, Esq.

March 20, 2023

* Admitted in Florida and Illinois

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Swor Family Florida Limited Partnership Document No. A0600000452

Document 110. Processor

Dear Sir or Madame:

Enclosed please find the following:

- 1. Cover Letter with attached Limited Partnership or limited Liability Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both signed by Doris Swor.
- 2. Cover Letter with attached Certificate of Amendment to Certificate of Limited Partnership of Swor Family Florida Limited Partnership signed by Doris Swor.

Also enclosed, please find a check in the amount of \$87.50 representing the fees for filing (\$35 + \$52.50).

Please process the enclosed at your earliest convenience. Thank you for your assistance in this matter.

Very truly yours,

PATRONE, KEMP, BENTLEY & MACE, P.A.

By: Ondre O Patrone 102
Andre J. Patrone

(Signed in his absence to avoid delay.)

AJP/dlh Enclosures

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: SWOR FAMILY FLORIDA LIMITED PARTNERSHIP Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A0600000452 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: SUICE FEMILY FLORIDA LIMITED PAPTINERSHIP Firm/Company 3901 RFD ROCK WAY Address City, State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DORIS GULLE at (334) \$10 4175

Area Code and Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1. DUDGE FA | miled Floriba Lir | MITED | PARTNERSHIP | |
|---|-----------------------------------|-------------|--|--|
| Nar | ne of Limited Partnership or Lir | nited Liabi | lity Limited Partnership | |
| 2. 3/30/00 | Jo | 3. | A0600000452 | |
| Date of filing/ | registration in Florida | | A0600000452 Florida document number | |
| 4. The name of the reg Department of State: | gistered agent and the registered | office add | ress as shown on the records of the Florid | |
| | DAVID W. 5WO | R. | | |
| | DAVID い、かいの Nai | me | • | |
| | LOOD FOREST B | LUD. | | |
| • | LOOO FOREST PS | ress | | |
| | FORT MYERS 1 | FL 37 | 570g | |
| • | FORT MYERS & | e and Zip | | |
| 5. The name and Flori | da street address of the new reg | istered age | nt and/or office: | |
| _ | DORIS SWOR | | · . | |
| | DORIO SUOR Nai | me | | |
| | 3901 RED ROCK | WAY | | |
| Florida street address (P.O. Box not acceptable) | | | | |
| | JARA SOTA | | FL 34031 | |
| - | SARASOTA City, State | and Zip | | |
| Z 1 1 * | re effective when filed by the FI | orida Depa | riment of State. | |
| Signature of General P | artner Dur 19 Swore | | | |
| I hereby accept the app comply with the provis, and I app familiar with | pointment as registered agent ar | e proper an | act in this capacity. I further agree to ad complete performance of my duties, registered agent. | |
| Filing Fee: | \$35.00 | | | |

Certified Copy (optional): \$52.50