## **Division of Corporations Electronic Filing Cover Sheet**

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(((H23000436336 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	

## REGISTERED AGENT CHANGE SOUTHWEST SAW CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Amendment Section Division of Corporations

#### **COVER LETTER**

TO:

SUBJECT: SOUTHWEST SAW CORPORATION Name of Corporation							
DOCUMENT NUMBER: F15000000272							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Mary Castillo							
Name of Contact Person							
Registered Agent Solutions, Inc.							
Firm/Company	······································						
5301 Southwest Pkwy Suite 400							
Address	<del></del>						
Austin, Texas 78735							
City/State and Zip Code	<del> </del>						
E-mail address: (to be used for future annual repo	ort notification)						
For further information concerning this matter, please	ecall:						
Mary Castillo	at (888 ) 705-7274  Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.						
Mailing Address: Amendment Section	Street Address: Amendment Section						

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

### H230004363363

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

statement of cha	nge is submitted for a	a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Texas				
			red agent, or both, in the State of Florida.				
	the corporation: SOU						
2. The principal	office address: 3015	Broadway Houston, T	X 77017				
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification	: 01/22/2015	Document number: F15000000272				
	d street address of the atment of State: (If res		gent and registered office on file with the d)				
	REGISTERED AGE	NT SOLULTIONS, I	NC.				
	155 OFFICE PLAZA DR. SUITE A						
	TALLAHASSEE, FL	. 32301					
6. The name and (if changed):	I street address of the	new registered agen	t (if changed) and /or registered office				
	Registered Agent Sol	utions, Inc.					
	2894 Remington Gree	en Ln. Ste. A					
		P.O. Box	NOT acceptable				
	Tallahassee, FL 3230	8					
The street address changed will	ess of its registered o be identical.	ffice and the street a	address of the business office of its registered agent,				
Such change wa authorized by th	as authorized by reso ne board, or the corpo	lution duly adopted oration has been not	by its board of directors or by an officer so ified in writing of the change.				
Isl Mackenzie Hibber			Mackenzie Hibler, Authorized Person				
I hereby accept I further agree i of my duties, an document is bei	the appointment as r the appointment as r to comply with the pr to am familiar with ng filed merely to ref s been notified inwr	ovisions of all statu and accept the oblig Tect a change in the	Printed or typed name and title I agree to act in this capacity, ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the				
Mac	My ON		12/22/2023				
Sign	_ , ,	<del></del> -	Date				
If signing on be	half of an entity:						
	r, Assistant Secretary						
Ŧ	yped or Printed Name						

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