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(Re	equestor's Name)					
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SWJ Oak Hill, LLC (Name of Li	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	his matter to the following:		
Philip F. Bonus, Esquire			
(Name of Person)			
Bonus Law Firm (Firm/Company)			
(Firm/Company)			
1115 E. Concord Street			
(Address)			
Orlando, Florida 32803			
(City/State and Zip Code)			
For further information concerning this matte	r, please call:		
Philip F. Bonus, Esquire	at (407) 835-8811		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

G , , , , , , , , , , , , , , , , , , ,	y 				
1. The name of the limite	ed liability com	pany is: SWJ Oak Hill,	LLC		
2. The mailing address o	f the limited lia	ability company is: Jo	hn W. Salm, III, P.C). Box 311	
Cape Charles, VA 23					
		•••			
4/7/03 L03000012364					
3. Date of filing/registrat	ion in Florida	4	1. Document numb	ber	
5. The name of the register Florida Department of	ered agent and State:	the registered office ac	ddress as shown or	the records of	the
·	Philip F. Bo	nus, Esquire			
		Name			
	170 E. Wash	ington Street			
		Address			
	Orlando, Flor				
	<u> </u>	City, State and Zip			
6. The name and address	of the new reg	istered agent and/or of	fice:	2007 HAY SECRET	
	Philip F. Bon	us, Esquire		CRE	
		Name		Y 3	42
	1115 E. Concord Street			31 SS: SS:	-
	Florida stree	t address (P.O. Box N	OT acceptable)	PH PF:	
	Orlando,	FL 32803		PH 4: 21 DE STATE . FLORIDA	O
		City, State and Zip		- 21 - 21	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or change the registered reby confirmed nited liability on the limited	ses are made, the Floricagent will be identical that the change(s) was ompany or as otherwish liability company.	da street address of l. Or, in the case of as/were authorized se provided in the	orida, it is here f the registered f a Florida limi by an affirmati	office ted ive vote
(Signature of a member or author	rized representative	of John W. Salm, III, President J.	MS3 Enterprises, Inc.		
John W. Salm III		Manager for SWJ Oa	sk Hill, LLC		
John W. Salm, III (Printed or typed name of signee)	<u> </u>				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm		istered agent and agress telative to the proper pleations of my positions of my positions of the merely a liability company ha	e to act in this cap r and complete per on as registered ag reflect a change i is been notified in v	acity. I further formance of my ent as provided in the registered writing of this c	agree to y duties, d for in d office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00