L03000041334

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
SECRETARY OF FLORIDA

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: SWW NO		Limited Liabil	ity Company)
Dear Sir or Madam:			
The enclosed Registered	Agent/Registered (Office Change	and fee(s) are submitted for filing.
Please return all correspo	ndence concerning	this matter to	the following:
Jose Castellanos	_		
(Ne	me of Person)		
Charles Baclet and (Pi	d Associates,	Inc.	_
2030 Main Street,	Suite 1030		_
Irvine, CA 92614 (City/S	tate and Zip Code)		
For further information of	oncerning this mat	ter, please cal	:
Jose Castellanos		at (949_) 955-9585
(Name of	Person)		(Area Code & Daytime Telephone Number)
STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, Florid	on rations enter Circle	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations). Box 6327 lahassee, Florida 32314
Enclosed is a ch	eck for the followi	ng amount:	
\$25 Filing Fee	}	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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.

agent, or both, in the Blate of I to that.
1. The name of the limited liability company is: <u>SWW NO. 1 LLC</u> .
2. The mailing address of the limited liability company is :
903 CALLE AMANECER, SUITE 100, SAN CLEMENTE, CA 92673
October 28, 2003 L03000041334
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORATION SERVICE COMPANY
Name DS 9
1201 HAYS STREET
Address TALLAHASSEE FL 32301-2525 US City, State and Zip
City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc.
NRAI Services, Inc.
Name 2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston, FL 33331
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent) Jose Castellanos, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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