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(Requestor's Name)		
7. A.		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	-	
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southwest Flozioz. (Name of L.	APARTMENT ADVISORS LLC imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O.	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
TYLER J. SMith (Name of Person)	
Southwest FIOLIDA APAK	HMENT ADVISORS LLC - B B T
P.O. 130x 11745 (Address)	HMENT ADVISORS LLC PLANASSEE, FLORIDO
NAPIES, FL 34/c (City/State and Zip Code)	ol oggin –
For further information concerning this matter	er, please call:
TYIER J. Smiths (Name of Person)	at (239) 261 - 2663 (Area Code & Daytime Telephone Number)
(Name of Ferson)	(Alea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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 State of Florida.	
1. The name of the limited liability company is:	Southwest Florida Apartment Advisors LCC
2. The mailing address of the limited liability con	mpany is: P.O. BOX 11745, NAPLES,
	mpany is: P.O. BOX 11745, NAPIES, FLORIDA 34101
03-25-04	L04000022622
3. Date of filing/registration in Florida	4. Document number
Place to the Property of the Control	tered office address as shown on the records of the
6. The name and address of the new registered ag TYIEL T 682 RUDD	
NAPILS	FL 34102 tate and Zip
City, S	tate and Zip
confirmed that after the change or changes are m and the business office of the registered agent wi	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization of company.
(Signature of a member or authorized representative of a member	er)
TYIEL J. SMIKA (Printed or typed name of signee)	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being the address, I hereby confirm that the limited liability (Signature of Registered Agent)	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office by company has been notified in writing of this change.

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