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COVER LETTER

TO: Registration Section Division of Corporations

 SUBJECT:
 Swampwater Downtown Holdings, LLC

 Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

lan R. Leavengood

Name of Person

Swampwater Downtown Holdings, LLC

Firm/Company

1953 Hawaii Avenue NE Address

Saint Petersburg, FL 33703 City/State and Zip Code

ian leavengood@yahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian R. Leavengood

Name of Person

727)

at (

692-2774

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 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.

1. Name of the limited liability company: Swampwater Downtown Holdings, LLC

2.. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1953 Hawaii Avenue NE Saint Petersburg, FL 33703

1953 Hawaii Avenue NE-

Saint Petersburg, FL 33703

L08000083314

PH

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

09/01/2008

3. Date of filing/registration in Florida

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept State

Registered Agent:

Registered Office Address:

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0050	Elma A	A			1 41-

4. Document number

2958 First Avenue North

Saint Petersburg, FL 33713

(b) Enter name of **<u>NEW Registered Agent</u>** and/or **<u>NEW Registered Office address</u>**:

NEW Registered Agent:

Leavengood & Nash

<u>NEW</u> Regi	stered Office	e Address:	
	<u>FLORIDA</u>		DDRESS)

Northeast Professional Center 3900 First Street North, Suite #100 Saint Petersburg, FL33703

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.

-CRFCA

Signature of a member or authorized representative of a member

Ian R. Leavengood

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 hability company has been notified in writing of this change.

Signature of Registered Agent

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